

A. General Information

Student Name: _____ Grade: _____

Birthdate: _____ School: _____ Teacher: _____

Race/Ethnicity: _____ Primary Language: Student _____ Home: _____

Gender: _____ Parents: _____ Home Phone: _____

Address: _____ City: _____ Zipcode: _____

What are the student's strengths, talents or specific interests (academic, social, emotional, self-care, etc.)? _____

B. Primary Concern (areas of significant weakness)

1. Check the primary area(s) of:

Academic Concern

Explain

- Reading → _____
- Math → _____
- Written Expression → _____
- Listening Comprehension → _____
- Oral Expression → _____
- Other _____ → _____
- No academic concerns

Functional Concern

Explain

- Responsibility/Self-Management (organization, time management, work completion) _____
- Interpersonal Skills (social skills, behavior, conflict management, emotional skills) _____
- Physical Skills (fine motor skills, gross motor skills) _____
- Personal Care Skills (hygiene, safety) _____
- Problem Solving (recognizing problems, asking for help, cause/effect relationships) _____
- No functional concerns

Additional Information / Comments

C. Teacher Observations Rated by _____ Date _____

Please check the most appropriate response to the items listed below.

	1 (often)	2 (some)	3 (rarely)	4 (never)
1. Pays attention in class	_____	_____	_____	_____
2. Participates in class	_____	_____	_____	_____
3. Disrupts class by talking out loud	_____	_____	_____	_____
4. Completes work accurately	_____	_____	_____	_____
5. Is easily frustrated with assignments	_____	_____	_____	_____
6. Follows oral directions	_____	_____	_____	_____
7. Obeys class rules	_____	_____	_____	_____
8. Requires assistance to complete assignments	_____	_____	_____	_____
9. Fluctuates in day to day academic performance	_____	_____	_____	_____
10. Requires constant reminding to perform tasks	_____	_____	_____	_____
11. Wastes time	_____	_____	_____	_____
12. Is out of seat inappropriately	_____	_____	_____	_____
13. Tends to daydream	_____	_____	_____	_____
14. Attends class regularly	_____	_____	_____	_____

(Mark all that apply.)

The student has _____ no friends _____ few friends _____ many friends _____ same-aged friends
 _____ difficulty getting along with adults _____ difficulty getting along with peers

D. Background Information from Cumulative Record

1. Attendance

2. Discipline Records

3. Health/Medical

1. Current Year ___ Days Pres. ___ Absent
 Previous Year ___ Days Pres. ___ Absent
 Previous Year ___ Days Pres. ___ Absent

2. Number of Schools Attended _____

3. Number of Tardies Current Year _____

4. Retentions: Yr(s) _____ Gr(s) _____

1. Number of Discipline Reports
 Current Year: _____
 Previous Year: _____

2. Numbers of suspensions:
 In school: _____
 Out-of-school: _____
 Total # of day(s): _____

Screenings:	Date	Results
Hearing	_____	_____
Vision	_____	_____
Other	_____	_____
Medical History	_____	
Health Conditions	_____	
Allergies	_____	
Medications	_____	

4. Previous and / or Current Services

Check any that apply:

___ Prior SPED Evaluation	Date(s) _____	Location/provider _____
___ Prior Speech Evaluation	Date(s) _____	Location/provider _____
___ Prior SPED Services	Date(s) _____	Location/provider _____
___ 504 Plan	Date(s) _____	Location/provider _____
___ ELL	Date(s) _____	Location/provider _____
___ Tutoring	Date(s) _____	Location/provider _____
___ Counseling	Date(s) _____	Location/provider _____
___ Speech Therapy	Date(s) _____	Location/provider _____
___ Remediation	Date(s) _____	Location/provider _____

5. Testing Information

a. ISTEP+ End of Course Assessment

Grade	Date	E/LA Score/Cut	Math Score/Cut
_____	_____	_____/____	_____/____
_____	_____	_____/____	_____/____

Has the student ever failed ISTEP? Yes No If Yes, what year(s)? _____ What subject(s)? _____
 Has the student ever failed EOC? Yes No If Yes, what year(s)? _____ What subject(s)? _____

b. Grades	Current	Previous Year	Previous Year
Reading	_____	_____	_____
English	_____	_____	_____
Spelling	_____	_____	_____
Math	_____	_____	_____
_____ Other	_____	_____	_____
_____ Other	_____	_____	_____
_____ Other	_____	_____	_____

c. Classroom Level Assessments and Universal Screening Data

Attach printouts/graphs from any of the following data sources: (check all that apply)

- DIBELS AIMSWEB NWEA MCLASS ACUITY AUTOSKILLS PLATO
 DISCIPLINE PRINTOUT ISTAR OTHER _____ OTHER _____

Subject	Source of Data	Date(s)	Score(s)/ Results
Classroom Behavior <input type="checkbox"/> No concerns with classroom behavior (leave this section blank)			
On Task			
Work Completion			
Verbal Aggression			
Physical Aggression			
Following Directions			
Complying with Requests			
Staying in Seat			
Preparation for Class			
Social/Emotional Skills			

d. Other Behaviors: (check any that are a significant problem for the student)

- weapons drugs tobacco fighting talking back/disrespect insubordination
 stealing cursing bullying sleeping in class running away wetting/soiling pants
 tardies absences lying destroying property sexual behavior
 more behavior problems in unstructured settings (specials, recess, bus, etc.) SPECIFY _____
 other _____ other _____

e. **Current accommodations used with the student:**

Explain

- Extended time _____
- Read aloud _____
- Reduced number of problems/amount of work _____
- Preferential seating _____
- Copy of notes or study guides _____
- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

Date This Form Completed: _____ Completed By: _____

