Record Review Checklist

- Grades - Current: __________, Past Grades - minimum of two years: __________
- Attendance Record - Current: __________, Past Grades – minimum of two years: __________
- Medical History - Current Medication: __________, Previous Medication: __________
- Hearing Screening: __________
- Vision Screening: __________
- Diagnosis: __________
- Last Educational Evaluation: __________
- Discipline Record - Current: __________, Past Discipline Record – minimum of two years: __________
- Suspension: __________
- Expulsion: __________
- Legal Issues: __________
- Speech: __________, School-based: __________, Hospital Based: __________
- Occupational Therapy: __________, School-based: __________, Hospital Based: __________
- Physical Therapy: __________, School-based: __________, Hospital Based: __________
- Counseling - School-based: __________, Outside Counseling: __________
- Sleep Problems: __________
- Eating Problems: __________
- Recent Move: __________
- Change in Family Structure: __________
- Death/Serious Illness in Family: __________