**Student**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Student ID | Date of Birth | Date of meeting |
| Address | Home Phone | Age | Grade |
| Gender | Home School | Attending School |
| Ethnicity | Primary Language | Home Language |

**Parent/Guardian**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Home Phone | Name | Home Phone |
| Address | Work Phone | Address | Work Phone |
| Emergency Phone | Emergency Phone |

**Referred By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Reason for Referral: (Identify deficient skills. Please be specific and write in full sentences to describe problem areas/weaknesses.)

**SPEECH ONLY: Reason for referral is for articulation, voice, or fluency concerns ONLY.**

**Student Strengths**

**General Areas of Concern**

Reading

Does not know letter names Does not know letter sounds

Does not decode new words phonetically Does not have the expected sight word vocabulary

Does not read at an appropriate rate Has difficulty comprehending what is read

Cannot summarize the main idea of passages Cannot recall details of what is read

Does not display higher level comprehension skills such as making predictions and inferences

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Expression

Does not write legibly Has difficulty with motor movements

Does not typically write complete sentences Does not use appropriate word sequence in writing

Does not use appropriate capitalization/punctuation Does not use correct grammar

Does not adequately develop ideas in paragraphs Written expression is not consistent with student’s oral expression

Does not typically write passages of appropriate length Does not express ideas in a clear and organized fashion

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spelling

Does not spell words phonetically Does not spell sight words correctly

Does not spell correctly on written class work Does not retain spelling words for review tests

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Math

Has not mastered math readiness skills (such as counting, one-to-one correspondence)

Must use manipulatives to solve math problems Does not know basic addition facts

Does not know basic subtraction facts Does not know basic multiplication facts

Does not know basic division facts Does not understand basic math operations appropriate to grade level

Has difficulty with concepts of time Has difficulty with measurement concepts

Has difficulty with money concepts Cannot solve story problems

Has difficulty understanding/using math vocabulary Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content Areas (i.e Science, Social Studies, Health)

Does not have oral language skills adequate for participation in class discussions

Does not participate in discussions and express knowledge Does not understand relevant concepts

Does not understand/follow directions Does not have the ability to read texts and class materials

Does not have the writing skills necessary to complete class assignments

Does not retain content information Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Communication

Does not attend/listen in a group setting` Does not appear to understand questions, discussions, and/or stories

Does not express ideas in a clear and organized fashion Cannot hold a conversation with a peer

Cannot hold a conversation with an adult Does not use appropriate social communication (eye contact, etc.)

Has articulation difficulties (does not use correct speech sounds) Speech is generally unintelligible

Does not stutter Has a voice quality that calls attention to itself

Speaks with stereotyped/echolalic language Does not use correct sentence structure and grammar in oral communication

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavior

Does not complete assigned in-class work Does not complete homework

Does not follow classroom/school rules Interactions with other students are inappropriate

Interactions with teachers/adults are inappropriate Is verbally or physically aggressive

Does not respond appropriately to consequences Does not attend to tasks

Is impulsive Behavior interferes with the learning of others

Does not participate in classroom discussion Does not react to praise appropriately

Does not react to failure appropriately Does not respond appropriately to authority

Has difficulty changing to another task Asks for directions/help inappropriately

Does not control frustration level Does not make eye contact

Does not demonstrate appropriate mood/affect Talks out at inappropriate times or other than when called on

Does not stay in seat or assigned work area Lacks confidence

Does not have adequate self-help skills (e.g., toileting, dressing) Exhibits repetitive or stereotyped patterns of behavior

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Motor Skills

Prints first name Holds pencil correctly/demonstrates control of scissors

Writes legibly (age-appropriate skills) Has ability to copy from chalkboard and book

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interventions**

**Attendance History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Grade** | **School** | **Absences** | **Significant information** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Cultural Factors**

There is no evidence that race, limited English proficiency, or socio-economic status have contributed to the student's learning difficulties.

There is no evidence of lack of instruction in reading and math (including excessive absences and/or frequent moves).

The following cultural factors (race, limited English proficiency, or socio-economic status) have impacted the student’s academic progress:

(please describe any cultural factors which may affect student’s achievement and behavior)

**Standardized Testing**

**Summary of Test History**

**Performance in Special and General Education**

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Yes** | **No** | **Discussion** |
| Completes classroom work |  |  |  |
| Completes homework |  |  |  |
| Performs adequately on daily quizzes |  |  |  |
| Performs adequately on major tests |  |  |  |
| Attends to classroom instruction/teacher directions |  |  |  |
| Comes to class with necessary materials |  |  |  |
| Appears to be organized |  |  |  |
| Completes tasks in allotted time |  |  |  |
| Changes to new tasks appropriately |  |  |  |
| Works independently |  |  |  |
| Sees clarification appropriately when needed |  |  |  |
| Completes work with reasonable accuracy/correctness |  |  |  |
| Enters/exits classroom appropriately |  |  |  |
| Demonstrates appropriate level of motor activity |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

**Performance in Special and General Education**

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement** | **Yes** | **No** | **Discussion** |
| Completes classroom work |  |  |  |
| Completes homework |  |  |  |
| Performs adequately on daily quizzes |  |  |  |
| Performs adequately on major tests |  |  |  |
| Attends to classroom instruction/teacher directions |  |  |  |
| Comes to class with necessary materials |  |  |  |
| Appears to be organized |  |  |  |
| Completes tasks in allotted time |  |  |  |
| Changes to new tasks appropriately |  |  |  |
| Works independently |  |  |  |
| Sees clarification appropriately when needed |  |  |  |
| Completes work with reasonable accuracy/correctness |  |  |  |
| Enters/exits classroom appropriately |  |  |  |
| Demonstrates appropriate level of motor activity |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |

**Medical**

**Vision Results**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Screening Date | Results | | | | | |
| Without Glasses | | | With Glasses | | |
| Right | Left | Both | Right | Left | Both |
|  |  |  |  |  |  |
| Comments |  | | | | | |

**Hearing Results**

|  |  |  |
| --- | --- | --- |
| Screening Date | Results | |
| Right | Left |
|  |  |
| Comments |  | |

**Health Issues**

**Medications**

**Student Study Team: Who participated or provided input for this meeting?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Printed Name** | **Signature** | **Relationship/Title** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The Student Student Team proposes to conduct evaluations in order to determine eligibility for special education.

The Student Student Team proposes NOT to conduct evaluations in order to determine eligibility for special education.