

Educational Information

1. Describe student performance in the following areas (include intervention results, ISTEP, Acuity, etc.):

	Student (ISTEP; INSPECT; etc.) Date	Compared to Peers (Examples can be quartiles, rank of student in class, etc.) Score/Passing Score
Reading:		
Math:		
Writing:		
Language:		
Articulation:		
Social:		
Motor skills:		
Other:		
Behavior (if an area of concern, please specify the behavior):		
Attendance:		
Has student been retained?	YES <input type="checkbox"/> NO <input type="checkbox"/> Grade:	

2. What are the **student's strengths** and **learning preferences**?

3. What specific barriers continue to exist in **the learning environment** that if removed might allow the student to be successful?

Representation:

Expression:

Engagement:

4. Identify specific, research-based interventions that have been implemented with the student and the results:

<p>General Education Classroom</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>	<p>Additional Tutoring/Instructional Support</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>
<p>General Education Classroom</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>	<p>Additional Tutoring/Instructional Support</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>
<p>General Education Classroom</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>	<p>Additional Tutoring/Instructional Support</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>
<p>General Education Classroom</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>	<p>Additional Tutoring/Instructional Support</p> <p>Dates/Duration: Intervention: Data on effectiveness:</p>

5. Relevant medical information:

Screening	Date	Results
Vision		
Hearing		
Diagnosis		
Medications		

For 504 Evaluation:

School 504 Coordinator Signature _____ Date _____

Building Administrator/Designee Signature _____ Date _____

For Special Education Evaluation:

- Date complete materials reviewed by school psychologist and building administrator:

We find the referral should proceed for special education evaluation Yes No

- Date of follow-up with teacher on referral decision:
- Date of response to parent request for evaluation, if applicable:

School Psychologist Signature _____ Date _____

Building Administrator/Designee Signature _____ Date _____