Student Information Form

Student:	Requesting Individual:
Student Testing Number:	General Ed. Teacher:
Gender:	Date of Birth:
Home school (public):	Current Grade:
Home school corporation:	Other (list, if applicable):
Ethnic Background:	If the parent made the request, ENTER THE DATE of the verbal or written request: (If the parent request was made in writing, please attach the dated written request.)
Parent/Guardian:	Does the student already have a 504 plan? Ves No If yes, please list the current area(s) of need:
Address:	Does the student already have an IEP for any disability area, including speech and language services? Yes No If yes, please list the current area(s) of disability:
City/Zip Code:	
Cell Phone:	
Emergency Number:	Home Phone:
Legal Custody Status:	Email:
Reason for Referral:	

Note: If the requesting individual is the student's parent/guardian, then this form should be completed by the parent/guardian in cooperation with the classroom teacher.

Educational Information

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

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

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:

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

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	uation 🗆 Yes 🗌 No			
• Date of follow-up with teacher on referral decision:				
• Date of response to <u>parent</u> request for evaluation, if applicable:				
School Psychologist Signature	Date			
Building Administrator/Designee SignatureDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDateDate				