

Bismarck Public Schools

STUDENT FILE REVIEW

Bismarck, ND

Student Name: _____ **Date:** _____

	Grade Pre-K School: Enter Name Year: Enter Year	Grade K School: Enter Name Year: Enter Year	Grade 1 School: Enter Name Year: Enter Year	Grade 2 School: Enter Name Year: Enter Year
Attendance	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #
Health History (Vision, Hearing, Fine/Gross Motor, Medications)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Medical Diagnosis or Health Care Plans	Enter Information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Behavior Information (Majors, Minors, Assessments)	Enter Information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Academics (Grades, Assessments, Retention)	Enter Information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Academic and Behavior Interventions (Classroom Plan, Title 1, Section 504, Special Ed.)	Enter Information or NA	Enter information or NA	Enter information or NA	Enter information or NA

Bismarck Public Schools	STUDENT FILE REVIEW
Bismarck, ND	Student Name: _____ Date: _____

Other (Family Supports, Outside Agencies, etc)		Enter information or NA	Enter information or NA	Enter information or NA
--	--	-------------------------	-------------------------	-------------------------

	Grade 3 School: Enter Name Year: Enter Year	Grade 4 School: Enter Name Year: Enter Year	Grade 5 School: Enter Name Year: Enter Year
Attendance	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #
Health History (Vision, Hearing, Fine/Gross Motor, Medications)	Enter information or NA	Enter information or NA	Enter information or NA
Medical Diagnosis or Health Care Plan	Enter information or NA	Enter information or NA	Enter information or NA
Behavior Information (Majors, Minors, Assessments)	Enter information or NA	Enter information or NA	Enter information or NA
Academics (Grades, Assessments, Retention)	Enter information or NA	Enter information or NA	Enter information or NA
Academic and Behavior Interventions (Classroom Plan, Title 1, Section 504, Special Ed.)	Enter information or NA	Enter information or NA	Enter information or NA

Bismarck Public Schools	STUDENT FILE REVIEW
Bismarck, ND	Student Name: _____ Date: _____

Other (Family Supports, Outside Agencies, etc)	Enter information or NA	Enter information or NA	Enter information or NA
--	-------------------------	-------------------------	-------------------------

	Grade 6 School: Enter Name Year: Enter Year	Grade 7 School: Enter Name Year: Enter Year	Grade 8 School: Enter Name Year: Enter Year
Attendance	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #
Health History (Vision, Hearing, Fine/Gross Motor, Medications)	Enter information or NA	Enter information or NA	Enter information or NA
Medical Diagnosis or Health Care Plans	Enter information or NA	Enter information or NA	Enter information or NA
Behavior Information (Majors, Minors, Assessments)	Enter information or NA	Enter information or NA	Enter information or NA
Academics (Grades, Assessments, Retention)	Enter information or NA	Enter information or NA	Enter information or NA
Academic and Behavior Interventions (Classroom Plan,	Enter information or NA	Enter information or NA	Enter information or NA

Bismarck Public Schools	STUDENT FILE REVIEW
Bismarck, ND	Student Name: _____ Date: _____

Title 1, Section 504, Special Ed.)			
Other (Family Supports, Outside Agencies, etc)	Enter information or NA	Enter information or NA	Enter information or NA

	Grade 9 School: Enter Name Year: Enter Year	Grade 10 School: Enter Name Year: Enter Year	Grade 11 School: Enter Name Year: Enter Year	Grade 12 School: Enter Name Year: Enter Year
Attendance	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #	Absences: # Tardies: #
Health History (Vision, Hearing, Fine/Gross Motor, Medications)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Medical Diagnosis or Health Care Plans	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Behavior Information (Majors, Minors, Assessments)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Academics (Grades, Assessments, Retention)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA

Bismarck Public Schools

STUDENT FILE REVIEW

Bismarck, ND

Student Name: _____ **Date:** _____

Academic and Behavior Interventions (Classroom Plan, Title 1, Section 504, Special Ed.)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA
Other (Family Supports, Outside Agencies, etc)	Enter information or NA	Enter information or NA	Enter information or NA	Enter information or NA