

Student: _____ DOB: _____ School: _____

Teacher/Team: _____ Date: _____ Date of Parent Contact: _____

AREA(S) OF CONCERN

Please check those items below that describe your area(s) of concern:

READING

- Monitoring for meaning
- Identifying main idea and details
- Inferring
- Summarizing
- Vocabulary / Meaning of words
- Listening comprehension

MATHEMATICS

- Addition facts
- Regrouping in addition
- Subtraction facts
- Regrouping in subtraction
- Multiplication/Division facts
- Multiplication/Division Operations
- Fraction/Decimals
- Word problems involving multiple steps

WRITTEN EXPRESSION

- Writes in complete sentences
- Uses correct punctuation
- Capitalization
- Formulate a written paragraph
- Organize thoughts into a written paragraph(Intro, body, conclusion)

COMMUNICATION

- Articulation
- Receptive language (understands information)
- Expressive language (able to put thoughts into words and sentences and it makes sense)
- Fluency (stutter)
- Concepts / Vocabulary
- Conversational skills
- Oral skills stronger than written language
- Follows directions

HEALTH

- Hearing (specify concerns) _____
- Vision (specify concerns) _____
- Gross Motor (specify concerns) _____
- Fine Motor (specify concerns) _____
- Sensory (specify concerns) _____
- Chemical (specify concerns) _____
- Usage concerns
- Eating (specify concerns) _____
- Concerns
- Allergies (specify concerns) _____
- Off-task (specify concerns) _____

ACADEMIC BEHAVIORS

- Assignments completed on time
- Assignments completed accurately
- Comes with appropriate materials
- Excessive tardiness
- Participates in class
- Difficulty on tests and quizzes
- Organizational Skills
- Current grade _____

BEHAVIOR

- | | | |
|------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Non-compliant | <input type="checkbox"/> Attention span | <input type="checkbox"/> Suicidal ideations |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Hyperactive / Impulsive | <input type="checkbox"/> Understanding social cues |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Task initiation | <input type="checkbox"/> Peer relationships |
| <input type="checkbox"/> Class disruption | <input type="checkbox"/> Motivation | <input type="checkbox"/> Teacher relationships |
| <input type="checkbox"/> Sad / Withdrawn | <input type="checkbox"/> Gives up easily | <input type="checkbox"/> Overreacts to situations |
| <input type="checkbox"/> Lethargic / Tired | <input type="checkbox"/> Attention Seeker | <input type="checkbox"/> Preoccupied with violence |
| <input type="checkbox"/> Work refusal | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Nervous/anxious |
| <input type="checkbox"/> Anger issues | <input type="checkbox"/> Self-injurious behaviors | <input type="checkbox"/> Lies/denies |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Bullying behaviors | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Loner | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Mood Swings |
| <input type="checkbox"/> Phobias/Fear | | |

504 Considerations (If any are checked, contact 504 Coordinator): Any Diagnoses Health Impairments Life Altering Event(s)

Other concern(s) not listed:

Interventions/Modifications/Strategies that have been tried:

- | | | |
|---------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Preferential seating | <input type="checkbox"/> Call home to parent | <input type="checkbox"/> Chunking of information |
| <input type="checkbox"/> Copy of notes | <input type="checkbox"/> Conference with student | <input type="checkbox"/> Assigned tutoring |
| <input type="checkbox"/> Extended time | <input type="checkbox"/> Oral testing | <input type="checkbox"/> Peer mentors |
| <input type="checkbox"/> Study guides | <input type="checkbox"/> Counselor involvement | <input type="checkbox"/> EL services |
| <input type="checkbox"/> Retake tests/assignments | <input type="checkbox"/> CTRE | <input type="checkbox"/> Reading Strategies |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Review classroom/school expectations | <input type="checkbox"/> File Reviewed |

Please attach ANY supportive documentation

Examples include: MAP, AIMSweb, ASPIRE, ACT, NDSA, grades, attendance, majors/fix-its, log entries, work samples, screenings, intervention plans and reviews, instructional reading level, etc.

BOTTOM PORTION TO BE COMPLETED BY STUDENT ASSISTANCE TEAM

Team Meeting Date: _____

Documented in PowerSchool

TEAM DECISION

- Maintain / change current plan Develop / start intervention Proceed to problem solving

PROBLEM SOLVING TASKS

Please complete this portion if the team is proceeding to problem solving

<u>Role</u>	<u>Team Member</u>	<u>Tasks (Review, Interview, Observe, Test)</u>
Teacher:	_____	_____
Admin:	_____	_____
Psychologist:	_____	_____
Coach:	_____	_____
Specialist:	_____	_____
Specialist:	_____	_____
Social Worker:	_____	_____
Counselor:	_____	_____
Other:	_____	_____
Other:	_____	_____

Results Meeting Date: _____