**John Glenn School Corporation**

**Special Education Department**

**OFFICE PAGE**

**RECORD REVIEW FOR POSSIBLE SPECIAL EDUCATION EVALUATION**

**Date(s) Completed:**

**Student’s STN#:**

STUDENT’S NAME BD CA SEX

SCHOOL GRADE (K AM OR PM ) TEACHER

CHECK ONE: Parent Referral Teacher/Counselor Referral Other

CORP. OF ATTEND. CORP. OF RESIDENCE

PARENT/GUARDIAN PHONE (H) (W)

ADDRESS CITY ZIP CODE

ETHNIC BACKGROUND (circle one): American Indian or Native Alaskan; Asian or Pacific Islander; Hispanic; Black American; White (non-Hispanic); or Multiracial

**GENERAL REVIEW OF STUDENT INFORMATION TO CONSIDER EVALUATION**

**SCHOOL HISTORY**

List where the student has attended school (use another paper/attach if more space is needed)

|  |  |
| --- | --- |
| Name of School and Address: | Dates Attended: |
|  |  |
|  |  |
|  |  |
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Indicate the Attendance Records for the last three years (use another paper/attach if more space is needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Grade | Absences/General Reason(s) | Tardies |
|  |  |  |  |
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Did the child attend an early childhood program? YES NO If yes, indicate when, where, and for how long.

Did the child attend any other at-risk preschool programs? YES NO If yes, list program and dates.

Was the child in an at-risk kindergarten program? YES NO If yes, describe the program and location.

Has the student ever been retained? YES NO If yes, list when.

FORM R102 REV. 7/13 JESSE - Original; SCHOOL - Copy; PARENT – Copy

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STUDENT’S NAME

**MEDICAL AND PHYSICAL INFORMATION**

**NURSE PAGE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Dosage** | **When taken** | **Reason** | **Side Effects Noted** |
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Has the student received any outside educational or medical evaluations? YES NO

If the answer is yes, list below the agencies performing the evaluation, why and dates of evaluation.

Other Physical or Health Factors known about the student:

Other pertinent information about the student to consider:

Last vision screening date: Pass or Fail (circle one)

Last hearing screening date: Pass or Fail (circle one)

Is there a 504 Plan currently in place for the student? YES NO If yes, attach copy of the plan.

How long has the plan been in place? Is the parent aware of the plan and when informed?

PAGE

**SERVICES PROVIDED BY THE SCHOOL**

**List any school services the child has received in the past** (i.e. Title Reading, ELL or ESL, social work/counseling, summer school).

Include the length of time (years and frequency). Use another paper/attach if more space is needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Grade | Type of Services | Frequency |
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**STATE AND LOCAL ASSESSMENTS**

Complete the chart for each assessment the student has participated in; giving the date, and score. (use the another paper if more space is needed)

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| --- | --- | --- |
| Assessment Name | Date(s) | Scores |
|  |  |  |
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**List the research-based interventions (any current tiered intervention the child participates in)** to assist the student with learning or behavioral concerns. Provide specific information about each intervention and use another paper if needed.

|  |  |  |
| --- | --- | --- |
| Intervention (give details) | Length (dates) & Frequency (how often) | Outcome or Progress Noted |
|  |  |  |
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Is there a history of school performance that indicates low achievement across academic areas and problems in adaptive behavior? YES NO If yes list the specific areas and difficulties :

**PAGE**

**List any classroom accommodations** that have been provided to the student this year. Be specific details and use another paper if needed.

|  |  |  |
| --- | --- | --- |
| Accommodation | Length (dates) and  Frequency (tell how often provided) | Outcome |
|  |  |  |
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**SOCIAL / ATTENTIONAL / BEHAVIORAL INFORMATION**

Does the student display behaviors indicating attention problems? YES NO Is the child able to attend to classroom lessons? YES NO Is the child able to attend to individual classroom tasks? YES NO Are there any behavior interventions in place? YES NO Has a Functional Behavior Assessment (FBA) been completed? YES NO

Is there a Behavior Intervention Plan (BIP) in place? YES NO If your response indicates problematic behavior, please explain:

Also attach copies of any FBA, BIP or behavior charts developed for the student

**OUTSIDE SERVICES**

List any outside tutoring, social work services, therapy, etc. the student has received

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Provider** | **Address** | **Type of Service (Be Specific)** |
|  |  |  |  |
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|  |  |  |  |

STUDENT’S NAME

**ACADEMIC INFORMATION**

**TEACHER PAGE**

Provide information about the current academic programs being used with the curriculum. List the name of the program(s) and indicate how it addresses each of the standard components for the area. (use another paper if more space is needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **English/Language Arts (K-12)** | | | |
| **Program/Curriculum: Current Grade:** | | | |
| Component: Performs at or above grade level: Yes No | | | Description: |
| Phonemic Awareness (K-3) |  |  |  |
| Phonics (K-3) |  |  |  |
| Vocabulary (K-12) |  |  |  |
| Reading Comprehension (K-12) |  |  |  |
| Fluency (K-12) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Written Expression (K-12)** | | | |
| **Program/Curriculum: Current Grade:** | | | |
| Component: Performs at or above grade level: Yes No | | | Description: |
| Writing Process |  |  |  |
| Writing Applications |  |  |  |
| English Language Conventions |  |  |  |
| Listening and Speaking Skills, Strategies, and  Applications |  |  |  |

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| --- | --- | --- | --- |
| **Mathematics ( K-8)** | | | |
| **Program/Curriculum: Current Grade:** | | | |
| Component: Performs at or above grade level: Yes No | | | Description: |
| Number Sense |  |  |  |
| Computation |  |  |  |
| Geometry |  |  |  |
| Measurement |  |  |  |
| Data Analysis and Probability |  |  |  |
| Problem Solving |  |  |  |

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| --- | --- | --- | --- |
| **Mathematics (High School)** | | | |
| **Program/Curriculum: Current Grade:** | | | |
| Component: Performs at or above grade level: Yes No | | | Description: |
| Mathematical Reasoning and Problem Solving |  |  |  |
| Equations and Inequalities |  |  |  |
| Relations and Functions |  |  |  |
| Logarithmic and Exponential Functions |  |  |  |
| Sequences and Series |  |  |  |
| Geometry |  |  |  |
| Trigonometry |  |  |  |
| Calculus |  |  |  |
| Probability and Statistics |  |  |  |
| Discrete Mathematics |  |  |  |

**STAT PAGE**

**DETERMINATION FROM REVIEW OF RECORDS**

The school has completed a review of the student’s records as indicated above. From this review the schools members below agree to:

(Check One Circle)

 Complete an educational evaluation within (Check appropriate box):

 50 school days from the date the school receives the signed Consent Form (obtain from IIEP) (there were no documented interventions)

 20 school days from the date the school receives the signed Consent Form (obtain from IIEP) (there were documented interventions)

 Decline to conduct an educational evaluation (obtain from IIEP)

Counselor or Student’s Teacher (circle one): Signature Date

Building Principal Signature Date Diagnostic Staff Signature Date