**STUDENT SUPPORT TEAM PROCESS**

When a student is experiencing difficulty in school, it is necessary to identify the cause and provide appropriate intervention strategies as early as possible. In order to accurately assess the problem it is important to gather as much data as possible and seek input from individuals with knowledge about the student before making a determination to implement a particular program or strategy. Each campus will utilize a Student Support Team to review all available data and make programmatic recommendations. Program decisions will be made after allowing adequate time to evaluate the effectiveness of intervention strategies. The Principal will oversee the final decision process.

All deliberations and data gathered by the Student Support Team are confidential. They may be shared with appropriate committees to whom a recommendation is made to aid in determination of services.

Student Support Teams will consist of at least the following:

* + Campus Principal
	+ Campus Counselor
	+ Referring Teacher
	+ Parent/Guardian
	+ Interventionists
	+ Special education teacher

Others who may be included:

* + Other professionals who may have specific knowledge of the student
	+ Honda evaluation personnel (diagnostician, LSSP, speech and language pathologist) to assist in analyzing data prior to referral (required when special education referral is being considered)
	+ School nurse
	+ Reading Coach
1. Any student who experiences difficulty in school after implementation of minor accommodations and/or Tier 1 interventions in the regular classroom should be referred to the Student Support Team.
2. Students exhibiting behaviors which cause the teacher to suspect emotional or chemical related problems should be referred to the SST.
3. Following progress monitoring assessments, the SST will meet to analyze data and make recommendations for appropriate levels of intervention for students identified as struggling in math or reading. Students identified for intervention through progress monitoring will follow the flow chart for tier placement and Response to Intervention evaluation prior to any program referral.
4. Student Support Teams review all data and make the appropriate recommendations. Data to be considered includes:
	* Benchmark and Progress Monitoring Reports
	* Grades
	* State Assessment data
	* Attendance, discipline, health, or other pertinent school related data
	* Information from parents, specialists, and other professionals
5. The Student Support Team may recommend any of the following:
	* Continue Tier 2 Intervention Program
	* Modify duration intensity, or delivery of Tier 2 Intervention Program
	* Additional strategies in general education
	* ESL or Bilingual program for evaluation and appropriate services
	* Evaluation by the counselor and/or appropriate services
	* Referral for speech assessment only
	* Referral to the nurse for additional health screening.
	* Dyslexia Program for further evaluation and appropriate services
	* Section 504 Committee evaluation
	* Referral to Special Education for evaluation and appropriate services
6. If a referral to Special Education is determined to be the best action, copies of the Teacher Form and Committee Worksheet, Observation Form, Assistive Technology Form, SST Parent Interview, SST Nurse Form, and SST Principal Form are to be included with the HONDA referral packet when it is completed and submitted. In addition, copies of all data considered by the Student Support Team in making the recommendation must be included. **These copies should be provided to Honda personnel prior to the meeting where referral is being considered.**

**Student Support Teams**

When a Full and Individual Evaluation is requested by a parent, an SST meeting must be scheduled within 15 school days to consider the request. Appropriate Honda evaluation personnel (diagnostician, LSSP, speech and language pathologist) must be invited to this meeting.

Begin a referral (with the exception of the obvious severe issues) bygoing through the SST process and documenting your efforts to intervene. When an obvious severe issue is suspected, Honda evaluation personnel should be contacted for guidance.

Purpose:

* Team problem solving model in which a team meeting is scheduled as soon as a difficulty is noticed with behavior, academics, grades, etc .
* Meetings must be scheduled keeping in mind ARD schedules
* Team approach to data analysis
* MAY be a referral avenue with Honda evaluation personnel required when a Full and Individual Evaluation is being considered.
* SST meetings include everyone who has knowledge of the student in order to bring all data to the table.
	+ principal, counselor, parents, and teachers are required
	+ interventionist, special ed teachers are necessary to provide data
	+ nurse may be appropriate if the issue is medical
	+ Law enforcement officer may be appropriate
	+ FOCUS teacher for some students
	+ anyone who can assist in finding solutions should attend
	+ Honda evaluation personnel must be involved when a referral is being considered
* All staff must know how to request an SST meeting

Timing is everything. The earlier a problem is identified and intervention provided, the greater the chances of success.

Document, document, document…….

SST agendas, minutes, copies of data, etc. are required for referrals to any special program (dyslexia, 504, special education)

Remember – If you suspect eligibility for special education, the obligation is still to refer. If a disability is obvious or severe, you would not wait. This is a legal requirement.

Required documentation:

* SST Parent Interview
* SST Teacher Form including Student Interventions/Strategies
* SST Nurse Form
* SST Observation Data
* SST Assistive Technology Form
* Progress Monitor or Strategic Monitor Data

**Referral to Special Program Checklist**

Student:

Campus:

Date:

 SST Confidential Parent Interview

 SST Teacher Form (When completed by multiple teachers, please have each use a different color ink)

\_\_\_\_\_\_PLAAFP Form

\_\_\_\_\_\_Copy of the original Home Language Survey

\_\_\_\_\_\_Copy of the most current report card

\_\_\_\_\_\_Copy of the most recent testing results (TPRI, STAAR, ITBS, TELPAS, etc.)

\_\_\_\_\_\_Assistive Technology (AT) Form

\_\_\_\_\_\_Student Observation Data

 Student Interventions/Strategies Form **AND** Progress Monitoring

 SST Confidential Nurse Form

 SST Committee Deliberations

 Principal Form

 Response to Intervention Documentation

**ALL INFORMATION MUST BE COMPLETE AND FROM CURRENT SCHOOL YEAR.**

STUDENT INTERVENTION TEAM

(PARENT REQUEST FOR SPECIAL EDUCATION TESTING)

Student Name SS #

DOB Grade School

Parent(s) Father

Phone (home) (work)

Address

Mother

Phone (home) (work)

Address

I am requesting that be referred to the intervention team for review of his/her educational program. The review is requested because: [include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher/s).

Has the classroom teacher indicated concerns about your child's academic performance? Yes / No. If yes, please list concerns

What classroom instructional strategies do you think would help your child?

Has your child had any previous evaluations through any school system or private provider? If yes, does the school have a copy of that evaluation? Who conducted the evaluation and when

**I would like for my child to begin the General Education Intervention process immediately.**

Parent/s Signature Date

(OR)

**The principal has explained the Response to Intervention process to me in detail. I understand the process but wish to skip all interventions and have my child tested for special education. I understand that the process is in place to help prevent my child from being labeled as a child with a disability. (GIVE COPY OF PROCEDURAL SAFEGUARDS). Begin the referral packet process.**

Parent/s Signature Date

**Student Support Team**

**Confidential – Teacher Form & Committee Worksheet**

**Student Data**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_ Ethnicity \_\_\_\_\_\_\_\_\_\_

Present grade in school \_\_\_\_\_\_\_\_\_ Campus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Homeroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Data**

Days absent this year \_\_\_\_\_\_\_\_\_\_ Is absenteeism a problem this year? YES NO

Has Absenteeism been a problem in previous years? YES NO

Has student been retained? YES NO If yes, which grade(s)? \_\_\_\_\_\_\_\_\_\_

Number of discipline referrals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Language**

Student’s most efficient mode of communication: Oral Sign Language Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student has Limited English Proficiency: YES NO If yes, please attach a copy of TELPAS results and ELS testing.

Language constitutes a barrier to learning (limited English is spoken in the home): YES NO

Expressive Language Skills: Poor Average Superior Receptive Language Skills: Poor Average Superior

**Fine and Gross Motor Skills**

Fine Motor Skills: \_\_\_\_\_\_\_\_\_\_ Poor Gross Motor Skills: \_\_\_\_\_\_\_\_\_\_ Poor

 \_\_\_\_\_\_\_\_\_\_ Average \_\_\_\_\_\_\_\_\_\_ Average

 \_\_\_\_\_\_\_\_\_\_ Superior \_\_\_\_\_\_\_\_\_\_ Superior

**Instructional Rating**

Rate the concerns you have about this student. For each skill, circle the appropriate rating.

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Superior N = Not Observed

Basic Reading 1 2 3 4 5 N Math Calculation 1 2 3 4 5 N

Reading Comp. 1 2 3 4 5 N Math Problem Solving 1 2 3 4 5 N

Written Expression 1 2 3 4 5 N Follows Written Directions 1 2 3 4 5 N

Spelling 1 2 3 4 5 N Follows Oral Directions 1 2 3 4 5 N

Homework 1 2 3 4 5 N Organizational Skills 1 2 3 4 5 N

**Academics**

* Has difficulty understanding abstract concepts
* Needs oral questions and directions frequently repeated
* Has difficulty retrieving and recalling information
* Requires slow, sequential, substantially broken down presentation of concepts
* Fails to remember sequences
* Distorts or mispronounces words or sounds when speaking (not attributed to dialect or accent)
* Has difficulty comprehending what he/she reads
* Difficulty in copying letters, words, sentences, and numbers from a model
* Uses inappropriate spacing between words or sentences when writing
* Does not compose complete sentences or express complete thought when writing
* Fails to change from one math operation to another
* Fails to follow necessary steps in math problems
* Is unable to perform assignments independently
* Does not perform or complete classroom assignments
* Requires repeated drill and practice to learn what other students master easily
* Corrects test/assignments to passing grade
* Other(list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B Behavioral Observations**

Rate this student’s behavior in relation to their peers. For each behavior, mark:

1 = Poor 2 = Below Average 3 = Average 4 = Above Average 5 = Superior N = Not observed

Generally cooperates or complies with teacher requests 1 2 3 4 5 N

Adapts to new situations without getting upset 1 2 3 4 5 N

Accepts responsibility for his / her own actions 1 2 3 4 5 N

Makes and keeps friends at school 1 2 3 4 5 N

Works cooperatively with others 1 2 3 4 5 N

Has an even, usually happy, disposition Never Sometimes Usually Always

 Appropriate attention and concentration 1 2 3 4 5 N

Brings necessary materials to class 1 2 3 4 5 N

 Fidgets, squirms, or seems restless: Never Sometimes Usually Always

Completes tasks on time 1 2 3 4 5 N

Stays on task 1 2 3 4 5 N

Student is easily redirected 1 2 3 4 5 N

Remains seated 1 2 3 4 5 N

Takes turns, waits for turn ( For younger students) 1 2 3 4 5 N

Behaves in a manner appropriate for the situation 1 2 3 4 5 N

Student exhibits extreme mood changes: Never Sometimes Usually Always

Student responds appropriately to praise and correction 1 2 3 4 5 N

Other information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cir Circle the areas in which the student is experiencing difficulties:

 Attention Self-Control Self-Concept Respect for Authority Respect for Peers

**BEHAVIORAL** – List 2 behavioral strengths.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FUNCTIONAL SKILLS** – Mark strengths with an ‘S’ and Weaknesses with a ‘W’. It is not necessary

 that you mark each one. Choose some strengths and some weaknesses.

 \_\_\_\_\_ Keeps work area neat \_\_\_\_\_ Arrives to class on time

 \_\_\_\_\_ Has good social skills \_\_\_\_\_ Brings all necessary materials

 \_\_\_\_\_ Is mechanically inclined \_\_\_\_\_ Asks questions when needed

 \_\_\_\_\_ Has a part-time job \_\_\_\_\_ Participates appropriately in class

 \_\_\_\_\_ Has good attendance \_\_\_\_\_ Follows classroom rules

 \_\_\_\_\_ Follows directions \_\_\_\_\_ Works independently

 \_\_\_\_\_ Is reliable \_\_\_\_\_ Accepts responsibility

 \_\_\_\_\_ Cares for materials \_\_\_\_\_ Has adequate computer skills

 \_\_\_\_\_ Is responsible \_\_\_\_\_ Accepts assistance and or supervision

 \_\_\_\_\_Able to work on a time schedule \_\_\_\_\_ Communicates effectively

**TEKS BASED STRENTGHS/WEAKNESSESS** – List two **TEKS based** strengths/weaknesses (per subject area).

Subject area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strengths:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weaknesses:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Education Teacher(s) Completing this form Subject Area

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Interventions/ Strategies Documentation**

Student Subject Grade Date

|  |  |  |
| --- | --- | --- |
| **Strategies/Interventions** | **Results** | **Dates To/From** |
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Interventions may include:

* Explicit and systematic small group instruction
* Supplemental instruction provided using a different instructional strategy
* Additional practice activities
* Instruction targeting specific areas of weakness

**PLEASE ATTACH COPY OF PROGRESS MONITORING**

Parent Information Form

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student Date of Birth Ethnicity Gender: M / F

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Physical Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Mailing Address City State Zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Is the student eligible for Medicaid? Yes No

School / Campus Grade Student’s Medicaid Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person answering questions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who has legal authority to make educational decisions for this child? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do both parents live in the student’s home? Yes No If not, with whom does the student live? Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s education level: Father:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father Address (if different from above) State Zip Code Occupation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother Address (if different from above) State Zip Code Occupation

What primary language is spoken in the home? English Spanish Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has the student lived in the United States?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent/guardian works outside of home, please provide the following information:

Who cares for this child when the parent/guardian is gone?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What language does the caregiver speak? English Spanish Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is the child particularly close to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER **INDIVIDUALS** IN THE HOME

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age | Gender | Relationship to Student |
|  |  |  M F |  |
|  |  |  M F |  |
|  |  |  M F |  |
|  |  |  M F |  |
|  |  |  M F |  |

Do any of family members have learning problems? Yes No If yes, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Yes No Does the student eat breakfast regularly?

What time does the student go to bed at night? \_\_\_\_\_\_\_\_\_

Check the activities in which this child regularly participates either alone or with the family:

Alone w/ Family Alone w/ Family Alone w/ Family

Reads books Play outside Plays w/friends

Computer Trips Team sports

Movies Meals Internet

Games Church Part-time job

Television Video games Extra Curricular

What are your child’s strengths? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What level of education do you hope your child will complete? Circle the choice.

High School Technical / Vocational School College Law / Medical, other advanced studies

**STUDENT BEHAVIOR**

Describe the student’s behavior at home, with peers, siblings, neighbors, and parents. (For example, is the child generally well behaved, passive or aggressive, social or a loner, affectionate or withdrawn, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how this child relates to other children: Circle the answer for each question.

Yes No Has problems relating to or interacting with peers

Yes No Fights frequently with peers

Yes No Prefers playing with younger children

Yes No Prefers to spend time alone

Please indicate whether this child exhibits any of the following behaviors:

Yes No Is easily over-stimulated

Yes No Has a short attention span

Yes No Seems overly energetic

Yes No Seems impulsive

Yes No Overreacts when faced with a problem

Yes No Seems uncomfortable meeting new people

Yes No Requires a lot of parental attention

Yes No Lacks self-control

Who is mainly in charge of discipline in the home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe discipline techniques and their effectiveness (time out, spanking, rewards, extra chores) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does the child respond to discipline? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL HISTORY**

Yes No Did/does this child attend \_\_\_\_\_\_Pre K \_\_\_\_\_\_Kindergarten?

Yes No Were there any problems in Pre K/kindergarten? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child been retained a grade in school? If yes, when and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Does your child have problems in school? If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child been previously tested for special education? If yes, when? \_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child received special education services in the past? If yes, please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Is your child absent from school frequently? If yes, why and about how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What does your child like about school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

Yes No Were there any complications with the pregnancy or child birth including premature labor / birth?

 *If yes, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Yes No Is this child under the care of a physician for a medical problem? If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Is this child currently taking medication or has this child ever taken medication for a long period

 of time? If yes, please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Does your child appear to have any other physical health problems, including allergies? If yes,

 please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child ever had a head injury? If yes, explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child ever had ear infections, hearing problems or ear tubes? If yes, explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes No Has this child ever worn glasses / contacts or had vision problems? If yes, explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any hospitalizations and / or serious illnesses for this child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Does your child have or has he/she had any of the following:** | **Yes** | **No** | **Began at age:** | **Stopped at age:** | **Continues to have:** |
| Frequent fevers |  |  |  |  |  |
| Frequent earaches |  |  |  |  |  |
| Frequent vomiting |  |  |  |  |  |
| Frequent headaches |  |  |  |  |  |
| Thumb sucking |  |  |  |  |  |
| Sleep difficulties |  |  |  |  |  |
| Head banging |  |  |  |  |  |
| Rocking of body |  |  |  |  |  |
| Teeth grinding |  |  |  |  |  |
| Temper tantrums |  |  |  |  |  |
| Lost consciousness |  |  |  |  |  |
| Convulsions (seizures) |  |  |  |  |  |
| Weight problems |  |  |  |  |  |
| Walking difficulties |  |  |  |  |  |
| Difficulty learning to ride a bike |  |  |  |  |  |
| Difficulty learning to skip |  |  |  |  |  |
| Difficulty learning to throw or catch |  |  |  |  |  |
| Separating from parents |  |  |  |  |  |
| Nightmares |  |  |  |  |  |
| Sleepwalking |  |  |  |  |  |
| Bedwetting/soiling |  |  |  |  |  |
| Nail biting |  |  |  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and position of person completing this form Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Interpreter, if necessary Date

**CONFIDENTIAL – NURSE FORM**

## Student Name

Health Information (Vision and hearing tests must have been administered within the current year)

## Does Student wear Glasses/Contacts: Yes No

## **\*Vision:**

## Date of Vision Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Distance Vision Assessment Near Vision Assessment

## Right Eye Right Eye

## Left Eye:\_\_\_\_\_\_\_\_\_\_ Left Eye

## Both eyes Both eyes

Date of second screening

## Distance Vision Assessment Near Vision Assessment

## Right Eye Right Eye

## Left Eye:\_\_\_\_\_\_\_\_\_\_ Left Eye

## Both eyes Both eyes

Is additional assessment recommended? No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Hearing:**

Date Tested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Right Ear: Pass Fail Left Ear: Pass Fail

Date of second screening:\_\_\_\_\_\_\_\_\_\_\_\_ Right Ear: Pass Fail Left Ear: Pass Fail

Is additional assessment recommended: No Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student taking any medications at school? No Yes If yes, please list medications and possible side effects caused by the medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is student currently taking any additional medications? No Yes If yes, please list medications and possible side effects caused by the medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student exhibit any medical/physical problems? Yes No

If yes, please list:

Nurse completing information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Support Team

Confidential - Principal Form

Student Name Meeting Date

Person Initiating Meeting

Date Packet Given to Teacher: Date Returned

After reviewing the information, the Student Support Team recommends the following action(s):

* Problem resolved, discontinue intervention and monitor
* Continue with Tier 2 Intervention
* Modify duration, intensity, or delivery of Tier 2 Intervention Program
* Additional strategies in general education
* ESL program for evaluation and appropriate services
* Evaluation by counselor for appropriate services
* Referral for speech assessment only
* Dyslexia Program for evaluation and appropriate services
* Section 504 evaluation
* Referral to Special Education for evaluation and appropriate services
* Referral to nurse for medical screening
* Other:
* Justification of educational need:

Signatures:

 Principal Counselor

 Referring Teacher Parent

 Other Honda Personnel

**SST Deliberations**

 **\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Things to Consider...**

What needs to happen with this student that is not happening?

What are our goals for this student?

What will we do now?

Next meeting date:

**HONDA SHARED SERVICE ARRANGEMENT**

**STUDENT OBSERVATION DATA**

**STUDENT CLASSROOM TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OBSERVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSITION**

**TODAY’S DATE TIME OF DAY**

***This observation must be completed by someone other than the student’s referring classroom teacher.***

***THE CLASS OBSERVED MUST BE RELATED TO THE STUDENT’S PROBLEM AREA.***

**GENERAL OBSERVATIONS:**

Subject Pupil/Teacher Ratio

**CLASSROOM ARRANGEMENT:**

Row of Desks Grouped Desks Tables Centers

Other

**INSTRUCTIONAL ORGANIZATION/ACTIVITY:**

 Whole class small group learning center group discussion

 Direct instruction one-on-one guided practice independent practice

**CHECK ITEMS THAT DESCRIBE THE STUDENT’S CLASS BEHAVIOR AND ATTITUDE DURING THE OBSERVATION:**

YES NO YES NO

 Attentive Easily distracted

 Polite If yes, explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cooperative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organized Needs frequent redirection

 Works independently/ on-task Disruptive

\_\_\_\_ \_\_\_ Follows oral directions If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Follows written directions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ \_\_\_ Completes written tasks in allotted time Talkative

YES NO YES NO

 Accepts assignments without complaints Speaks out without permission

 Interacts appropriately with peers If yes, how many times?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Participates appropriately in class \_\_\_\_ Out of seat without permission

 If yes, how many times?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBSERVED BEHAVIOR:**

YES NO

 The student evidenced deficits in listening comprehension.

 The student evidenced deficits in reading comprehension.

 The student had difficulty finding the right words when speaking.

 The student had difficulty writing spontaneously, as shown by the inability to formulate sentences and paragraphs.

 The student had difficulty Identifying / using strategies for solving math problems.

 The student functions adequately in the classroom with modifications.

 The student has difficulty understanding assignments.

 The student appears to be functioning significantly differently than peers academically.

 The student appears to be functioning significantly differently than peers socially.

**REPORTED CONCERNS THAT WERE NOT OBSERVED:**

 Poor attention and concentration

 Noncompliance with teacher directives

 Excessively high/low activity level

 Difficulty following directions

 Easily frustrated

 Extreme mood swings

 Difficulty working with peers

 Difficulty staying on task

 Other

Additional Comments:

HONDA SSA Assistive Technology Form

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Informal observation of this student for the evaluation/ARD process indicates the following:

\_\_\_ YES \_\_\_ NO **Computer Access:** The student is able to access the computers without adaptations or accommodations other than that available to other students in general or special education.

\_\_\_ YES \_\_\_ NO **Environmental:** The student is able to make educational progress through classroom instruction without significant adaptations to the environment (proximity, sound, lighting).

\_\_\_ YES \_\_\_ NO **Oral Communication:** Student is able to express his/her needs verbally.

\_\_\_ YES \_\_\_ NO **Written Communication:** Student is able to write adequately for school work.

\_\_\_ YES \_\_\_ NO **Listening:** The student can hear and follow instructions without the use of aids or devices.

\_\_\_ YES \_\_\_ NO **Visual Aids:** The student is able to track or follow visual stimuli in the general education environment without assistive devices.

\_\_\_ YES \_\_\_ NO **Mobility:** The student is able to ambulate and navigate around the school in order to access school facilities and services without assistance.

\_\_\_ YES \_\_\_ NO **Physical Education/Recreation and Leisure:** The student is able to participate in sports, games, and/or social activities in order to build skills without assistive devices.

\_\_\_ YES \_\_\_ NO **Daily Living:** Student is able to take care of personal hygiene and eating during the school day.

Please complete the back side of this form.

If any of the above are marked NO, please provide a brief description of your observations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark any of the assistive technology accommodations below that could benefit the student within the classroom.

 \_\_\_\_\_ Electronic Dictionary

 \_\_\_\_\_ Calculator

 \_\_\_\_\_ Taped / Recorded Texts

\_\_\_\_\_ FM System

\_\_\_\_\_ CCTV

\_\_\_\_\_ Laptop / Word Processing Device / Alphasmart

\_\_\_\_\_ IPad

\_\_\_\_\_ Colored overlays

\_\_\_\_\_ Pencil grips

\_\_\_\_\_ Other – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_