Supplemental Screening Information:

Parentally-Placed Private School Students

Child's Name _____ **Age/Grade _____**

Parent/Guardian _____ **Email _____**

Phone # _____ **Private School _____**

Strengths: Discuss strengths in each area

Academic and Functional Skills:

Behavioral Social Skills:

Study/Work Skills:

Communication Skills:

Motor Skills (gross/fine):

Areas of Concern: Discuss only the areas that are of referral concerns- Please check appropriate areas and add comments if needed on the back page of this packet

Language Arts:	Mathematics:	Behavior/Social:
___No concerns in this area	___No concerns in this area	___No concerns in this area
___Alphabetic Knowledge	___Problem Solving	___Lack of Motivation
___Writing Mechanics	___Measurement	___Withdrawn/Moody
___Vocabulary (Reading/Oral)	___Math Reasoning	___Physically Aggressive
___Phonemic Awareness	___Basic Math Facts	___Self-destructive
___Reading Comprehension	___Word Problems	___Noncompliance
___Writing Conventions	___Probability Data	___Self-concept/Esteem
___Word Identification	___Computation	___Overactive
___Written Expression	___Geometry	___Fearful/Anxious
___Vocabulary Conventions	___Analysis	___Overly Sensitive/Cries Easily
		___Motivation
		___Peer or Adult Relationship
		___Verbally Aggressive
		___Ritualistic Behaviors
		___Poor Social Boundaries

Health/Medical: **___No concerns in this area** **___Seizures** **___Frequently Gets Hurt** **___Physical Complaints** **___Visual Acuity** **___Overweight/Underweight** **___Diagnosed Medical Condition** **___Diagnosed Mental Health Condition** **___Hearing** **___Tired/Listless** **___Medication**	**Communication:** **___No concerns in this area** **___Non-verbal** **___Fluency** **___Expressive Language** **___Articulation** **___Vocabulary** **___Receptive Language** **___Voice Problems**	**Motor:** **___No concerns in this area** **___Walking/Running** **___Gross Motor Coordination** **___Transitioning from class to class** **___Commode Transfer** **___Copying** **___Throwing/Catching** **___Moving from sitting to standing** **___Frequent Falls** **___Overall Coordination** **___Handwriting** **___Fine Motor Coordination** **___Moving from standing to sitting** **___Concerns with child safety**
Study/Work Skills: **___No concern in this area** **___Avoids Difficult Tasks** **___Does not work independently** **___Excessive Daydreaming** **___Disorganized** **___Following Directions** **___Remaining in seat** **___Turning in Assignments** **___Making Transitions** **___Completing Tasks** **___Attention Span/Concentration** **___Difficulty with Memory**	**Daily Living Skills:** **___No concerns in this area** **___Feeding Self** **___Safety (to self or others)** **___Understanding/Responding to Environmental Cues** **___Toileting** **___Drinking from cup** **___Understanding/Responding to Social Cues** **___Dressing Self** **___Communicating Basic Wants/Needs** **___Gullible/Naïve**	**Other Concerns- Additional Space on last page:**

Summary of Parent/Teacher Conferences (to address areas of concern)

First Contact/Attempt **Date _____**

Person Making Contact _____

Type of Contact _____

Purpose _____

Comments about contact:

Second Contact/Attempt **Date _____**

Person Making Contact _____

Type of Contact _____

Purpose _____

Comments about contact:

Vision and Hearing Screenings

May be completed at the school

Hearing	Pass	Fail	25 dB	500, 1000, 2000, 4000 Hz	
Near Vision	Pass	Fail	R 20/	L 20/	Both 20/
Far Vision	Pass	Fail	R 20/	L 20/	Both 20/

Regular Classroom Observation

Should include more than one setting and address areas of concern, must be by someone other than the child's teacher(s) (Make multiple copies of this form)

Student Name _____ **Grade**_____**Teacher** _____

Observer _____ **Position**_____ **Date** _/___/___

Subject Observed					
Language Arts/English	☐	Math	☐	Social Studies/History	☐
Science	☐	Health/PE	☐		☐

Instructional Organization					
Large Group/Entire Class	☐	Small Groups Working on Same Assignment	☐	Small Groups Working on Different Assignments	☐
Independent Seatwork	☐	Cooperative Learning	☐	Pair Sharing/Partner Learning	☐
Peer Tutoring (Teacher Directed)	☐	Teacher Directed Lesson	☐	Student Directed Lesson	☐
	☐		☐		☐

Check all that apply

_____ Recognizes & uses self-control
_____ Takes Turns and shares with peers
_____ Conforms to expectations
_____ Complies w/ oral requests or directions
_____ Interacts and/or works with peers
_____ Shows respect to authority and property
_____ Obeys rules
_____ Asks for help from adults
_____ Ignores distractions
_____ Creates distractions for others
_____ Given the opportunity, follows a contract
_____ Completes class work
_____ Completes homework
_____ Self monitors own action and behavior
_____ Actions stop learning in class
_____ Talks excessively
_____ Immature behavior
_____ Withdrawn
_____ Works independently
_____ Trouble finding place

_____ Difficulty copying from board
_____ Careless doesn't complete task
_____ Constantly out of seat
_____ Contributes to class
_____ Short attention span
_____ Displays leadership ability
_____ Easily frustrated
_____ Aggressive toward peers
_____ Obscene language
_____ Disorganized work habits
_____ Neat appearance
_____ Demands excessive attention
_____ Perseverates (repetitive behavior)
_____ Day dreams
_____ Tries to control others
_____ Avoids groups
_____ Does not follow directions
_____ Unusual language
_____ Speech problems
_____ Avoids eye contact

Comments:

Attendance Pattern (Indicate where problems occurred)

Grade					
Days Enrolled					
Days Absent					
Tardies					

How many schools has this student attended? ____

Past and Current Subject Marks (Three most recent or when problems occurred):

Grade	Subject	1st Q.	2nd Q.	Sem.	3rd Q.	4th Q.	Final	Comments

Has student ever been retained? Yes: grade(s) retained _____

Standardized or Individual Assessment/Test Results

Test	Grade	Date	Results (Standard Score, Percentile, Level, or other)

Types of Remedial Services

Types of Services	Dates of Services	Comments

General Medical-Health Screening

Describe any serious illness or accidents since birth:	Date	Hospitalized (Y/N)

Intervention strategies to address areas of concern

	Beginning Date	Ending Date	No Change	Erratic Result	Improvements	Success Y or N
Modified Instruction- please specify on addt'l sheet						
Modified Environment- please specify on addt'l sheet						
Counseling, Support group						
Behavioral Contract Point System Charting						
Parent Follow Up						
Small Group Instruction						
Specialized Instructional Equipment						
Peer Tutor						
Public or Private Agency						
Community Resources						
Change of Schedule						
Change in Curriculum						
Change in Teachers						

Attach documentation of strategies, anecdotal records, notes/discussion as appropriate to document the student has received intervention supports prior to being referred for special education. The following areas of eligibility require two research based interventions with progress monitoring; Serious Emotional Disability, Intellectual Disability, Other Health Impaired, Specific Learning Disability, and Traumatic Brain Injury prior to determining the need for specially designed instruction.

Additional Comments/Concerns: