Corinth District

STUDENT DATA FORM

(To be completed at time of Referral to TST)

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| MISIS No: |       | Social Security No: |    -  -     |
| Student: |       |       |       |  | Birthdate: |   /  /     |
|  |  Last | First | MI |  |  |  |
| School: |       | Grade: |       | Teacher: |       |

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| --- | --- | --- | --- | --- | --- |
| Father: |             | Phone: |    -   -     | Email: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Street Address: |       | City: |       |
| State: |    | Zip: |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mother: |             | Phone: |    -   -     | Email: |       |

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| Street Address: |       | City: |       |
| State: |    | Zip: |       |

Reason for Referral (Describe educational difficulties in detail) \*attach sheet if needed

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| [ ]  **Academic Areas**[ ]  Mathematics[ ]  Reading[ ]  Content Area (Subject:       ) | [ ]  **Behavioral** Complete the Social/Emotional Issues Worksheet |

A. CUMMULATIVE RECORD REVIEW-Each area must be addressed-OR-indicate as not applicable (NA)

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| ATTENDANCELast Year Days Present:     Days Absent    Total Days misses since student began school:      List all schools attended:      Retentions: Yr(s)       Gr(s)      Previous enrollment in Special Education Programs/Section 504:       | TESTIG INFORMATIONMCT-2      SATP-2       | SCREENING**Hearing** Date:        Results:        Recheck Needed:      **Vision** Date:        Results:        Recheck Needed:       |
| DISCIPLINE RECORDNumber of discipline reports:     Number of suspensions:     In-school:     Out-of-school:     | MOST RECENT ACADEMIC GRADES |
| **Subject**Language ArtsEnglishMath Spelling | **Letter GR**                     | **Inst. Level**                     | **Subject**ScienceSocial Studies Health/PEOther: | **Letter GR**                     | **Inst. Level**                     |

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| --- | --- | --- | --- |
| Student: |       | Birthdate: |   /  /     |
| School: |       | Teacher: |       | Grade: |       |

B. TEACHER OBSERVATIONS-For each area, rate the student in comparison to classmates using scale from 0 to 5 (If NA-us 0, in lowest 10%-use 1; below average-use 2; average-use 3; above average-use 4; in highest 10%-use 5)

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| Physical & Communication Generally appears healthy Normal energy level Gross motor coordination Fine motor coordination Speech (articulation) Spoken language Written language | [ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5 | ParticipationAttend school regularlyArrives on time for classCompletes assignmentsConcentrates and able to attendParticipates in classFunctions independentlyFollows directions | [ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5 |
| SocialAge appropriate self-help skillsDisplays feeling appropriate to situationSensitive to social cultureRelates well to adultsRelates well to peers | [ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5 | Related ConcernsAberrant behavior for age or school settingSubstance abuseInappropriate peer contactsPersonal hygieneDress appropriate to climate | [ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5[ ] 1 [ ]  2 [ ] 3 [ ] 4 [ ] 5 |

C. ENVIRONMENTAL, CULTURAL OR ECONOMIC FACTORS-check all factors that apply to the student. Use available records, interviews, with parents, and other resources to obtain data.

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| --- | --- | --- |
| ENVIRONMENTAL[ ]  Limited experiential background[ ]  Irregular attendance (absent at least 23% of the time in a grading period fro reasons other than verified personal illness)[ ]  Transiency in elementary school years (at least two moves in a single year)[ ]  School readiness compared to peer Group | CULTURAL DISADVANGE[ ]  Limited experiences in majority bases culture (child does not participate in scouts, clubs, other organizations and activities with members of dominate culture)[ ]  Child has limited involvement in organizations and activities of any culture[ ]  Secondary standards in conflict with majority-based cultures standards[ ]  Geographic isolation | ECONOMIC DISADVANTAGE[ ]  Residence in a depressed economic area[ ]  Low family income at subsistence level[ ]  family unable to afford enrichment materials and/or experiences |

Are the above-check items compelling enough to indicate this student’s education performance is primarily due to environmental, cultural or economic disadvantages? [ ]  No [ ]  Yes

If yes, please explain:

**ENGLISH LALNGUAGE LEARNER**

How long has the student spoken English?

Is there a language other than English spoken by the student? [ ]  No [ ]  Yes

List languages:

Is there a language other than English spoken in the student’s home? [ ]  No [ ]  Yes

List languages:

(If the above information indicates the student has not always had English as their primary language, please address the following questions.)

What ELL services or assistance have been provided?

Do the results of evaluation by the ELL teacher indicate lake of expected progress in the English language for the student’s chronological age level? [ ]  No [ ]  Yes

If no, explain:

What is the student’s current proficiency level in English?

Keep in mind that conversational language skills are not the same as the ability to think and reason in a language. While the student may be able to speak with peers or adults and to understand basic instructions or rules, the effects of ell may still affect the student’s ability to think and reason academically.

**MOTOR IMPARIRMENT**

Does the student experience any motor limitation, which impact educational performance?

 [ ]  No [ ]  Yes

If yes, explain further with summary of parent and medical reports.

**MOTIVATION**

Students should not be classified as having a learning disability if failure to progress academically is due to an absence of motivation. To help clarify if motivational issues are the primary cause of the student’s academic deficits, please address the following questions:

Does the student want to succeed in school? [ ]  No [ ]  Yes

Give examples to support your answer:

Does the student seek assistance from teachers, peers, others[ ]  No [ ]  Yes

Give examples to support your answer:

Does the parent report efforts made at home to complete homework or study assignments?

[ ]  No [ ]  Yes

Is the student making an effort to learn? [ ]  No [ ]  Yes

Give examples to support your answer:

Is the student’s achievement scores consistent with the student’s grades? [ ]  No [ ]  Yes

Give examples to support your answer:

**SITUATIONAL TRAUMA**

Situational stressors can cause daydreaming, poor memory, lack of attention, etc. which affect educational performance. Temporary, sudden or recent change in the student’s life must be ruled out as a primary cause of academic deficits.

Has the student experienced a recent trauma? (i.e. parents divorce, illness of student or family member, death of family member or serious accident or injury, financial crisis, crime victim, etc.)

[ ]  No

[ ]  Yes If yes explain:

Is there any other situation that could create stress or emotional upsets? [ ]  No [ ]  Yes

If yes explain:

Has there been a significant change in the student’s classroom performance within a short period of time (6-12 months)? [ ]  No [ ]  Yes If yes explain:

**YOUNG CHILDREN**

There is a wide variability in the rate and pattern of maturation, development and learning in early childhood. Developmental differences often resolve with maturation and should not be mistakenly identified as a learning disability. In addition, standardized assessment instruments are not as reliable at younger ages (before 8), and the stability of measurement can vary greatly. For Students referred for a learning disability before age 8, please address the following:

What preschool education has the student received?

Has the student experienced adequate stimulation? [ ]  No [ ]  Yes

Is the child eligible for free/reduced lunch? [ ]  No [ ]  Yes

How much formal education as the student received?

What progress has been made based on measurable data?

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| --- | --- | --- |
|  | Date:  |   /  /     |
| Classroom Teacher |  |  |
|  | Date:  |   /  /     |
| School-based Instructional Personnel |  |