

STUDENT RECORD REVIEW

Review date: _____

Student Name: _____ Age: _____ Birth date: _____

Reviewer: _____ School: _____ Grade: _____

IEP: yes no **504 Plan:** yes no **LEP:** no yes native language: _____

- I. Current Concern: (check as apply)
- | | |
|--|--|
| <input type="checkbox"/> excessive absences | <input type="checkbox"/> at risk; potential for dropping out |
| <input type="checkbox"/> consideration for expulsion | <input type="checkbox"/> consideration for retention |
| <input type="checkbox"/> physical injury | <input type="checkbox"/> pattern of not benefitting from instruction |
| <input type="checkbox"/> chronic health condition | <input type="checkbox"/> pattern of suspensions from school |
| <input type="checkbox"/> substance abuse | <input type="checkbox"/> other _____ |

- II. Attendance: Identify number of days absent at each grade level:
 ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th
- Identify any absence patterns: _____
 Grades repeated (indicate which grades): _____
 Factors affecting school attendance _____

- III. Describe any significant changes in academic achievement scores over the past three years.

- IV. Discuss any patterns or evident problems in grades over the past three years.

- V. List any individual evaluations that have been conducted:

<u>Type of Evaluation/Evaluator</u>	<u>Date</u>	<u>Recommendations</u>	<u>Action Taken</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- VI. Disciplinary actions for current year and last year: _____

	<u>current year</u>	<u>last year</u>	<u>any pattern?</u>
# days in-school suspension:	_____	_____	_____
# days out of school suspension	_____	_____	_____

VII. List student involvement with other agencies (state agencies, medical, counseling, courts):

Agency	Date	Reason for Involvement	Result of Involvement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. List any identified health factors which may contribute to student's school problems:

Condition	Diagnosed By	Date	Impact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Medications	Dosage	Why Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comprehensive Medical	When	By Whom	Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. Are there references to substance abuse? ___No ___Yes Describe: _____

X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP):

Instructional/Behavioral Intervention	Date Begun/Ended	Impact on target skill/behavior
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____
_____	_____/____	_____

XI. Anticipated Action at this time _____
