Wide Ruins Community School, Inc.

CHILD STUDY TEAM MANUAL

Adopted and Approved by WRCS Governing Board:

June 9, 2022

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APPROVED

Glenna Thompson, Board President

CHILD STUDY TEAM MANUAL
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Introduction to Child Study Team Manual

What is the Child Study Team?

The child study team is a multidisciplinary group of school professionals who gather together to organize resources and develop plans to assist children experiencing learning or behavioral difficulties in the general education setting.

The child study team members embrace the philosophy that:

- All children can learn
- Educators are responsible to teach them
- Parents are partners
- Children's needs should be addressed in the general education setting whenever possible.

By working with the students in the child study phase, the CST not only helps the student remain and succeed in the general education setting, but also decreases unnecessary referrals to special education.

The Child Study Team Manual explains the process of the CST and includes samples of the forms, data collection tools, and information pieces that are intended to be used within the process. It describes the multidisciplinary approach to collaboration throughout each CST case. It also gives a step by step outline of the process and includes samples of possible intervention strategies used to intervene with students who are experiencing academic, behavioral, or health problems.

THE CHILD STUDY TEAM (CST) PROCESS

The primary goal of the CST is to arrive at appropriate solutions to students' problems in the school environment through a cooperative effort. The process is one in which information is shared and creative strategies/interventions are suggested, implemented, and tracked to address an academic, emotional, or medical concern in the regular education setting. Team members should include persons who have relevant information to contribute about the student. Team members could include general education teachers, social workers, academic quality controllers, and special education teachers, among other professionals.

CST addresses problems found through concerns brought up by parents, teachers, or staff members. The concerned party may complete an initial CST referral form describing in detail their concerns with a student. Parents may contact a member of the CST with their concerns to be listed on a CST form by that member.

The CST chair will then schedule a time slot for the student to be discussed at a subsequent CST meeting, and will distribute the data gathering forms to appropriate staff members (including teachers, SMC's, social workers, parents, etc.)

Prior to the child study team meeting, the classroom teacher will be responsible for completing a **Child Study Team Request Form,** which documents their concerns about the student, what methods and materials have already been tried (including the duration and results of the trial), and a summary of the present level of academic functioning.

Prior to the meeting, the parent or primary caregiver will be requested to complete a **Child Study Parent Input Form** documenting developmental history, medical status, and interventions used within the home setting, and the school social worker will complete a **Counselor Form** including a record search and possibly a **Classroom Observation Form**.

During the initial child study team meeting, a review of the area of concern should be conducted and recorded in the child study team log book**.** Data to discuss may include: educational history (record of progress, test scores, attendance, and classroom behavior), vision and hearing status, speech and language skills, medical history and physical status. The classroom teacher, other professionals and/or paraprofessionals should also provide work samples or additional achievement information. Once all of the information is gathered, suggestions/interventions should be generated for the student based on the student's age and ability level in the regular education setting. When recommendations are made, each assigned member will be expected to follow up and keep documentation on the student's response to the intervention. It is important to note that the CST's role is to be a support and resource to the teacher-not to replace or relieve the teacher of his/her responsibility for educating the child. It is expected that for the process to work everyone involved must do their part.

A follow up Child Study Team meeting will be scheduled at the initial or other meetings that may follow. At the follow up meeting(s), the results of the attempted suggestions/interventions will be evaluated, and the team members will decide if further adaptations or modifications are necessary.

Confidentiality is a very important aspect of the Child Find / Study process. As part of the Child Study process you may have access to information pertaining to individual students, including medical documents, intervention plans, cumulative school records. ***All information is confidential and must be treated as such.***

Child Study Team Process: Step by Step

The following steps are to be used with a child for whom there is an educational, behavioral, or health concern:

STEP 1: PRIOR TO CHILD STUDY TEAM REFERRAL

1) Begin documenting areas of concern, including attempts made to address the concern and the results of those attempts; ***SEE POSSIBLE BEHAVIORAL INTERVENTION SUGGESTIONS LIST ON PAGE 6***
2) Complete the child study team pre-referral. 3) Provide additional data as requested.

STEP 2: CHILD STUDY TEAM MEETING

1) Be an active participant by sharing interventions already attempted and the results of the interventions.
2) Be willing to accept new ideas or suggestions from the team.

STEP 3: POST-CHILD STUDY TEAM MEETING

1) Implement the suggestions from the meeting
2) Keep records of the time, duration, and response to interventions
3) Provide feedback to child study team members
4) If the student is not showing a positive response to the intervention, contact the child study team members to schedule a follow up child study team meeting.

STEP 4: FOLLOW-UP CHILD STUDY TEAM MEETING

1) Discuss the notes and information from the first meeting; address the student's response to intervention(s).
2) If the student has responded to intervention - SUCCESS! - continue interventions as needed.
3) If the student has not responded positively to intervention - look for possible other interventions that could be implemented in order to achieve success.
4) Repeat Steps 3 and 4 as appropriate.
5) If the team feels the student has not had any success from the interventions - discuss possible referral for Section 504 eligibility or special education eligibility.

STEP 5: SPECIAL EDUCATION OR 504 REFERRALS – Must be in accordance to school procedures

Child Study Team
Suggestions for Possible Behavioral Interventions

Teacher ONLY (Non-verbal or verbal cues)

- Soften tone to a whisper when correcting behavior
- Wait, stand still
- Count down
- Provide recognition (praise) for changed or improved behavior □ Self – evaluation.
  - □ Could I (my reactions, comments, facial expressions, or body language) be a part of the problem?
- Use proximity (walk or stand near the student)
- Make eye contact with the student
- Give student the "teacher look" showing that you disapprove
- Tally, record, or log off task behaviors when observed
- Shake your head "No"
- Give a statement of disfavor
- Say their name
- Touch student on shoulder or desk to refocus attention

Teacher and Student (verbal, reflection, written notes)

- Student self-evaluation (using teacher initiated questions) identifying behavioral/academic concerns
- Pull to the side and talk one on one (Glasser approach)
- Create a plan for improvement together
- Send positive notes home
- Student writes letters home with reflections on their daily behavior
- Loss of daily behavior points
- Point out positive behavior of other students (role-models)
- Hallway time-out (with clear redirection and time limits) □ Whisper in ear □ Statements such as:
  - "That behavior would be fine outside, but it isn't allowed in here."
  - "That behavior is not acceptable anywhere."
  - "Save that for later." (during recess, lunch etc.)
- Using an "I" message. ("I get distracted when a pencil is tapping.")
- Set firm limits, rules, and expectations and remind student of them often

- Provide choices
  - "Would you rather work quietly or have a time – out?"
  - "Would you rather talk this over with me now or after class (school)?"
- Check or tally system
- Use warnings
- Use hand signals
- Write a letter home to parent
- Record behavior in their diary
- Meet them at the door – with a positive comment
- Give praise (verbal, high fives, pat on the back, etc.)
- Ask about personal information ("How was your weekend?")
- Modify the activity
- Use a point system or contract
- Provide appropriate free time
- Have student work with a mentor or peer tutor
- Modify the physical environment of the classroom

Minor Discipline Infraction – Teacher response

- Re-assign seating
- Isolate seating
- Assign to a seat near teacher for a period of time
- Give a time – out (inside classroom – an area away from others)
- Give a time-out (outside the classroom – a few minutes to "blow off steam")
- Send to lunch last (keep them back to discuss behavior)
- Conference with student and SMC
- Catch them being good whenever possible
- Have them fill out a "re-think" paper What happened?
  - How do I feel?
  - How did it affect others?
  - What can I do next time?

- Set up an appointment (involve parent if needed) to discuss the problem. Require the student to come up with a new behavior before they return to the activity the next time.
- Send to another teacher or team member for a "break"
- Daily / weekly progress report (STAR chart)
- Provide additional academic support

Intensive Intervention – (involves parents, administration)

- Hold a staffing to discuss student with all teachers who work with them
- Team teachers meet with student

- Student sent to office, responsibility room ,resource room for "cool down" - no counseling involved
- Restrict student from the area (or activity) of the infraction until adults feel another try is in order. Student returns on a day-by-day basis after that (depending upon behavior)

- Provide a natural or logical consequence with empathy
  - "I'm sorry that worked out that way for you. Where are you going to eat now that you can't be in the cafeteria? Think it over and let me know when you have come up with a solution."
- Student writes an informational letter to parent and administrators describing actions or problem, and a plan for improvement. This must be signed by parent and returned in order to come back to class. (student/parent behavior contract)
- Appointment with teacher, administrator, parent. The team discusses probable solutions and consequences.
- Remove from activity for the remainder of month, term, or year

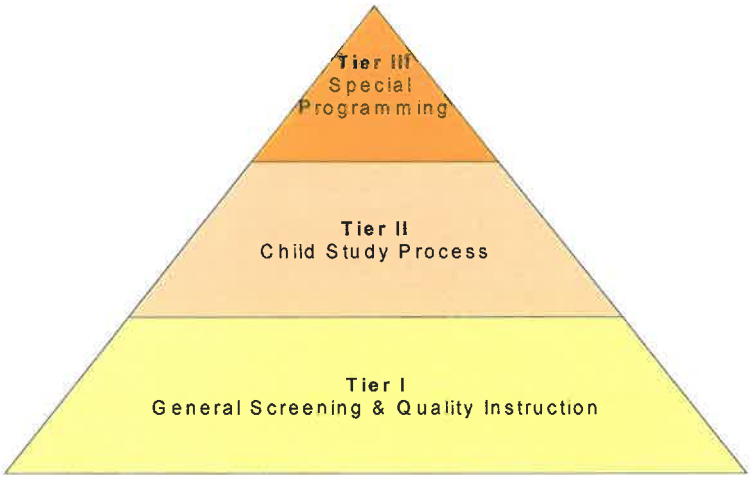
CST INTERVENTIONS

As a regular education support, one of the primary functions of the CST is to design and implement academic and behavioral interventions for students experiencing difficulties in the regular education setting. The most successful intervention plans will encompass the following:

- Will address the students' immediate needs
- Are based on teacher and parent input
- Consider variables other than student performance (environment, personality, learning styles, cultural differences etc.)
- Are objective or data based so that effectiveness can be measured
- Are least intrusive, most natural, and most effective
- Support the regular educator in implementing the interventions

Wide Ruins Community School Child Study Procedures/Process Mapping

Three Tier Model of Intervention



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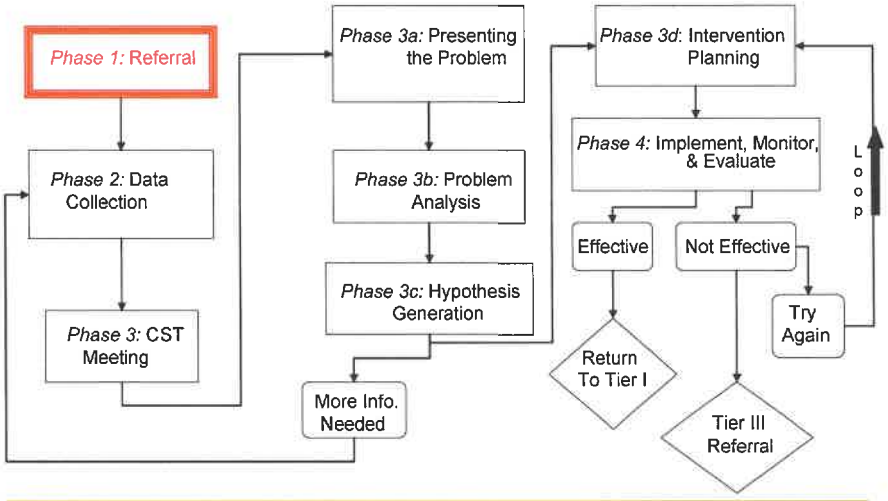
The Child Study Team Process



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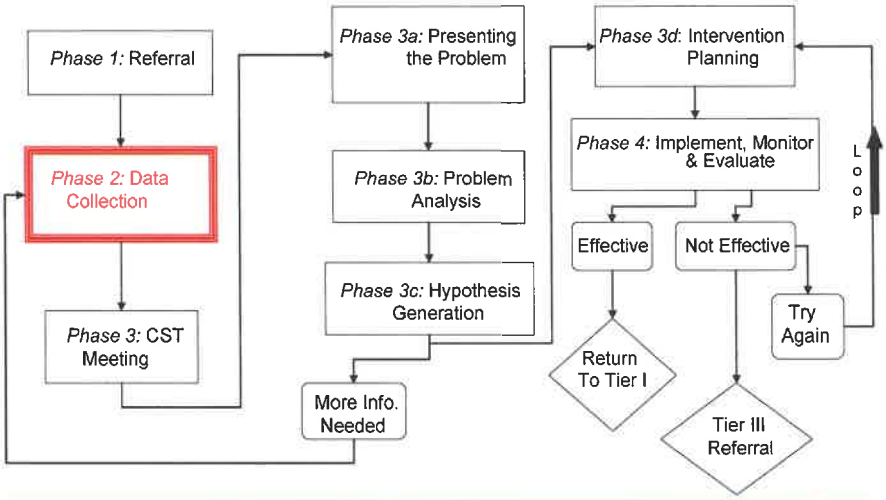
The Child Study Team Process



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Referral

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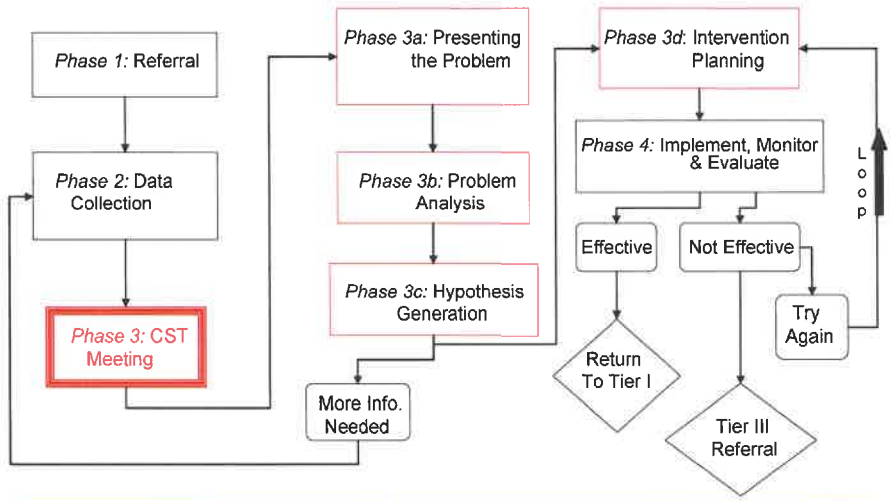
The Child Study Team Process



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Referral

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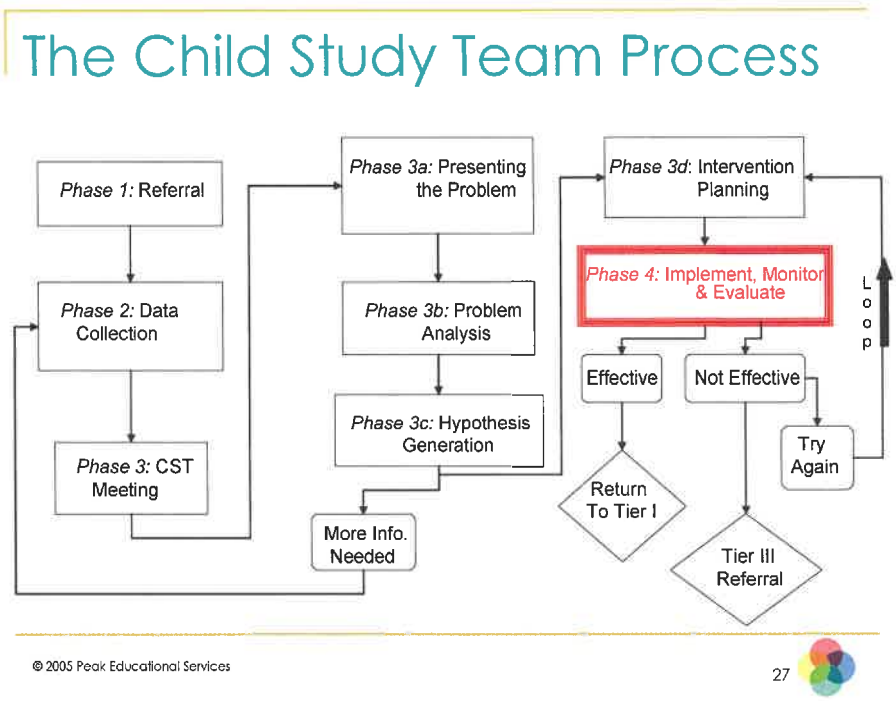
Wide Ruins Community School Child Study Procedures



The Child Study Process is a lengthy process, therefore, if you find that there is child that may need help, document, document, document. There are forms at the back in Section V, for your use to track and use as we move through this process. There is also a pre-assigned Child Study Team that will be assigned the task of moving the student through this process. If you have any suggestions or need help with this, please do not hesitate to see the Principal.

This Child Study Team process will be used for all students who are in the Falls Far Below and Approaches status to bring each student to the next level. The meetings will be set up during your PREP times to discuss student's interventions, progress and adjustments if needed.

Child Study Team Forms:

1. **CST 1 - CHILD STUDY TEAM REFERRAL FORM**
2. **CST 2 - CHILD STUDY TEAM TEACHER DOCUMENTATION**
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7. **CST 7 - CST DECSRIPTORS**
8. **CST 8 - 45 DAY SCREENER**

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CHILD STUDY TEAM REFERRAL FORM

(To be filled out by Classroom Teacher)

Please submit this form to the Child Study Team Coordinator prior to the first CST meeting.

TODAY'S DATE:			**Teacher:**
Student	**D.O.B.**	**Grade:**	**Subject:**

Please bring the following to the CST Meeting so that an Intervention Plan can be developed:

1. Bring samples of student's work demonstrating your learning concerns.
2. Any other written documentation such as student incident reports, etc..

What specific problem(s) would you like the Team to address?

When did this concern arise?

Describe your desired outcome for the student?

What are the student's strengths?

❒YES ❒NO If this student has conduct reports/student incident reports for the current year, Copy and attach to this form, from you as the classroom teacher.

❒YES ❒NO Have you talked to the student's previous teacher OR other teachers in the current year? Outcome:_____

❒YES ❒NO Have you talked with the student's parents/guardians?
Outcome:_____

What classroom strategies have been attempted and a brief outcome/results? *Check all that apply.*

❒Peer Tutoring	❒Positive Reinforcement	❒Contracts
❒Negative Consequence	❒Class Discipline Plan	❒Direct Teaching

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TEACHER DOCUMENTATION FORM

Student Name: _____ Grade: _____ Other Information: _____

Teacher: _____ Date Began: _____ School: _____

Remember, you must document all teaching & learning strategies, techniques, and any modifications made for the student and outcomes of these strategies and MUST have been exhausted in terms of teaching and learning strategies.

List of academic deficiencies & Dates:	Test Score(s)/ Assessment:	Standards/Benchmarks #: (What standards/benchmarks?)	Expectations:	Interventions Strategies: (List all interventions)	Outcomes of Interventions: *(Was the interventions, successful or not, what did you do next?)*

(NOTE: If more space is needed, make a copy and use as needed.)

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STUDENT BEHAVIOR QUESTIONNAIRE -PARENT FORM

STUDENT_____ **BIRTHDATE**_____

DATE FORM COMPLETED_____ **BY WHOM**_____

Please complete the following questionnaire regarding your child=s behavior in the HOME AND COMMUNITY. We ask that you keep in mind that this questionnaire is to be used for children of all ages, therefore, some of the items may not apply to your child. Please place a check (/)on the line for any behaviors that your child has shown in the home or community FOR A PERIOD OF SIX (6) OR MORE MONTHS.

- ❑ Has used a weapon that can cause physical harm to others.
- ❑ Often deliberately annoys people.
- ❑ Does not seem to listen when spoken to directly.
- ❑ Often fidgets with hands or feet or squirms in seat.
- ❑ Is often forgetful in daily activities.
- ❑ Has forced someone into sexual activity.
- ❑ Does not follow through on instructions/fails to finish things.
- ❑ Leaves seat often when he/she is expected to remain seated
- ❑ Has deliberately destroyed others= property.
- ❑ Often inappropriately runs about or climbs excessively.
- ❑ Seems easily distracted by things going on around him/her.
- ❑ Has deliberately engaged in fire-setting to cause damage.
- ❑ Often loses temper.
- ❑ Often has difficulty playing quietly.
- ❑ Fails to give close attention to details or makes careless mistakes.
- ❑ Often lies to obtain goods (Acons≅ others).
- ❑ Difficulties Aholding≅ attention to tasks or play activities.
- ❑ Is often Aon the go≅ or acts as if Adriven by a motor≅.
- ❑ Often stays out at night despite parental prohibitions.
- ❑ Often has difficulties awaiting turn.
- ❑ Has run away from home overnight at least twice.

Continued…..

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STUDENT BEHAVIOR QUESTIONNAIRE -PARENT FORM

STUDENT BEHAVIOR QUESTIONNAIRE (PAGE 2)

- ☐ Often argues with adults.
- ☐ Often blurts out answers before questions are completed.
- ☐ Is often truant from school, beginning before age 13 years.
- ☐ Often interrupts or intrudes on others.
- ☐ Often bullies, threatens, or intimidates others.
- ☐ Often loses things necessary for tasks or activities.
- ☐ Often blames others for his/her mistakes or misbehavior.
- ☐ Often initiates physical fights.
- ☐ Is often angry or resentful
- ☐ Has been physically cruel to people.
- ☐ Often refuses to comply with adults= rules or requests.
- ☐ Avoids tasks requiring sustained mental effort (Homework, etc.).
- ☐ Has been physically cruel to animals.
- ☐ Often seems touchy or easily annoyed by others.
- ☐ Has stolen on more than one occasion.
- ☐ Often has difficulties organizing tasks and activities.
- ☐ Is often spiteful or vindictive.
- ☐ Has broken into someone else=s house, building, or car.

Please note any difficulties which were not addressed by the questionnaire (i.e., child has proven dangerous to him/herself, seems depressed, seems overly anxious, has medical problems, etc.).

Please list your child=s strengths:_____

_____

_____

_____

_____

Once completed, return this form to _____ at his/her school.

THANK YOU FOR YOUR COOPERATION

FOR SCHOOL USE ONLY:

_____INATTENT. (SIG=6) _____HY-IMPUL. (SIG=6)

_____OPP.-DEF. (SIG=4) _____CONDUCT (SIG=3)

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CHILD STUDY TEAM CHECKLIST

This form is to be completed by the CST Coordinator and kept in the student's file

Student Name: **D.O.B.** **Grade:**

Date Action Was Taken:	**Initial**	**Sequence of Action Taken**	**Comments:**
		Teacher provided with a Request for Child Study Team Referral Form *(CST.1)*	
		Child Study Team Folder created for student.	
		CST Referral (Teacher) form returned to Coordinator. *(CST.1)*	
		Parent(s) or Guardian notified of their child's difficulty, and by whom:	
		Parent Questionnaire returned to Coordinator OR may be filled out at mtg. If not returned, follow-up Questionnaire sent on:_____ by:_____	
		Student is put on Child Study Team agenda *(after Request for Child Study Team Assistance form and Parent Questionnaire have been returned.)*	
		Initial Child Study meeting scheduled for student.	
		Parent/Guardian invited to meeting via letter.	
		The Child Study Team meeting was held on this date. The following forms are placed in the Student's CST file *(Request for Child Study Team Assistance, Child Study Team Intervention Plan, Parent Questionnaire, other)*	
		Date denotes when this student will be discussed again at Child Study Team.	
		Date denotes when this student will be discussed again at Child Study Team.	
		CST Meeting:	
		CST Meeting:	
		CST Meeting:	
		CST Meeting:	

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CHILD STUDY TEAM DATA COLLECTION

(To be Collected and filled out by Teacher)

TODAY'S DATE: _____ **CST Coordinator** _____

Student _____ **D.O.B.** _____ **Grade:** _____ **Date of Referral** _____

The following is data collected to ensure all areas of the student's learning is tracked and recorded.

HEALTH INFORMATION

AREA	DATE	INFORMATION
Vision Screening		
Hearing Screening		
Medication		
Significant Medical History: *(Pregnancy, serious illnesses, accidents, chronic and/or recurrent conditions.)*		

CUM FILE REVIEW

AREA	DATE	INFORMATION
Home language		
Attendance History		
Prior School Programs		
Screening results		
Current or previous interventions for student		
Last year's grades/progress reports: *(Please attach copy to this form)*		
Others, please specify/describe:		

CONTINUED.....

Testing Results:

	AIMS Results	Date	District Wide Assessment Results	Date	Comments:
Reading					
Writing					
Math					

FAMILY INFORMATION:

❑YES ❑NO Is there pertinent family or other background information that might be helpful to understand the students needs? Please describe:

_____

_____

❑YES ❑NO Has the student/family been involved with outside agencies (e.g. private counseling, protective services, etc.)? Please describe:

_____

_____

Any other concerns you may have in regards to family and environmental situations? *(Please specify)*

_____

_____

_____

Any Additional information/data collected, please indicate here and attach information:

_____

_____

_____

_____

_____

_____

_____

_____

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CHILD STUDY TEAM CLASSROOM OBSERVATION

(To be completed by someone else, other than the classroom teacher)

Student Name:	**Grade:**	**Date:**	
Teacher:		**Time In:**	**Time Out:**
Date of CST Meeting:	**Name and Title of Observer:**		

STUDENT'S BEHAVIOR

Compare this student with the majority of the other students in the class and circle the numbers that best describes the student while they are in the classroom: *(Circle One in for each)*

0 = Not Observed	**1 = Less than typical**	**2 = Typical**	**3 = Greater than typical**

1.	Student's pace of work.	**0**	**1**	**2**	**3**
2.	Focus and attention span	**0**	**1**	**2**	**3**
3.	Student's activity level	**0**	**1**	**2**	**3**
4.	Communication skills	**0**	**1**	**2**	**3**
5.	Interest in task	**0**	**1**	**2**	**3**
6.	Frustration with task	**0**	**1**	**2**	**3**
7	Social maturity	**0**	**1**	**2**	**3**

Describe the frequency intensity, and/or duration of the target behavior:

Additional comments about student behavior:

CLASSROOM ENVIRONMENT

Describe where the student works?

Describe the level of activity in the classroom:

Describe the sound level in the classroom:

The instructional content could be described as:

CONCRETE :

ABSTRACT:

MIXED:

Additional Classroom Environment Comments:

TEACHER BEHAVIOR:

Describe the classroom management style:

Describe the observed instructional method(s)? *(Sensory Modalities, Group Size, Instructional Delivery, Student Activity, etc.)*

Overall, how would you describe the tone of the classroom?

Describe typical teacher activity?

Receptive Language:

☐YES ☐NO When asked in age-appropriate language to follow simple directions requiring nonverbal responses, the student was able to respond.

Expressive Language:

☐YES ☐NO When asked open-ended questions in age appropriate language, the student as able to respond in language that was appropriate for his or her age.

Physical functioning:

☐YES ☐NO When observed, the student displayed behaviors indicating that he or she had appropriate vision, hearing and motor coordination.

Additional Comments?

THANK YOU FOR YOUR HELP. Please return to the Child Study Team Coordinator.

Wide Ruins Community School, Inc

Child Study Team

A Guide of Appropriate Descriptors –
To use when completing Initial Plan & Follow-Up Plan (Part of Observation Plan)

Academic Characteristics

_____Working above grade level in one/more subject areas
_____Good working habits
_____Reading at least one year below grade level
_____Spelling below age level
_____Math skills at least one year below grade level
_____Unable to copy to paper
_____Unable to express thoughts on paper
_____Unable to complete multiple assignments
_____Lacks letter recognition
_____Lacks phoneme/grapheme correspondence
_____Extreme number of reversals
_____Poor performance on tests
_____Does not turn in assignments
_____Slow in finishing work
_____Inconsistent performances
_____Difficulty with transitions
_____Difficulty with fine motor skills
_____Language delay
_____Poor auditory discrimination
_____Weak phonemic awareness
_____Other _____
_____

Behavioral Characteristics

_____No behavior problems at this time
_____Short attention span/easily distracted
_____Shows signs of nervousness
_____Negative/often refuses to comply
_____Displays immature behavior
_____Will not accept responsibility for actions
_____Physically active/impulsive
_____Aggressive
_____Has preoccupations, fears, or anxiety
_____Makes irrelevant/inappropriate remarks
_____Seeks attention
_____Often lacks pride in work
_____Suspected stealing, lying, and/or cheating
_____Exhibits unacceptable behavior
_____Lunchroom _____Hall
_____Playground _____Bus
_____Specials _____Restroom
_____Destroys property

Behavioral Characteristics (continued)

_____Rarely works to potential
_____Needs frequent reassurance
_____Daydreams
_____Difficulty making friends
_____Manipulative
_____Easily fatigued
_____Often shows disrespect
_____Poor self-care skills
_____Resists limits on rules
_____Withdrawn/shy
_____Appears depressed
_____Perfectionist
_____Difficulty maintaining eye contact
_____Invades the body space of others
_____Other_____
_____

Intervention Strategies

_____Differentiated curriculum
_____Cluster grouping (able & creative)
_____Academic or behavioral contract
_____Documentation/charting behavior
_____Reduced work load/homework
_____Peer tutoring
_____Parent assistance
_____Routine communication w/home
_____Mentor program
_____Previous child study
_____Consultation with other staff:
Who?_____
_____
_____General education student placed in co-taught room
_____Behavior modification
_____Focus on student's strengths
_____Testing accommodations
_____Study carrel
_____Changed seat
_____Time-out
_____Grade-level team consultation
_____Use daily assignment sheets
_____Administrative conference
_____Other: _____
_____

Wide Ruins Community School – 45 DAY SCREENER

NAME OF STUDENT	DOB	STUDENT ID#

DATE OF ENTRY	DATE OF SCREENING	TEACHER	GRADE

1. VISION

YES NO

[ ] [ ] Holds book too close or too far
[ ] [ ] Squints or has trouble seeing board
[ ] [ ] Trouble with eyes
[ ] [ ] Weak note-taking skills
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

Referred to: _____

2. HEARING

YES NO

[ ] [ ] Does not respond to name, directions, or questions in class
[ ] [ ] Frequently asks for information to be repeated or asks "What?"
[ ] [ ] Significantly delayed language
[ ] [ ] Frequent ear aches
[ ] [ ] Seems not to pay attention
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

Referred to: _____

3. COMMUNICATION

YES NO

[ ] [ ] Poor speech habits
[ ] [ ] Articulates poorly
[ ] [ ] Often stutters
[ ] [ ] Difficulty expressing ideas
[ ] [ ] Difficulty responding to instructions
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

4. COGNITIVE or ACADEMIC

YES NO

[ ] [ ] Learns very slowly compared to peers.
[ ] [ ] Attention problems (short attention span, focused on less relevant stimuli)
[ ] [ ] Below grade level in reading
[ ] [ ] Below grade level in writing
[ ] [ ] Below grade level in math
[ ] [ ] Difficulty recalling information
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

5. ADAPTIVE DEVELOPMENT

YES NO

[ ] [ ] Poor self-care skills related to personal hygiene, dress, maintaining personal belongings
[ ] [ ] Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language
[ ] [ ] Poor ability to understand directions, communicate needs and express ideas
[ ] [ ] Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring use of time
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

6. SOCIAL or BEHAVIORAL

YES NO

[ ] [ ] Displays externalizing behaviors (fighting assaulting, vandalizing)
[ ] [ ] Displays internalizing behaviors (fears, phobias, depression, withdrawn)
[ ] [ ] Difficulty with unstructured environments or transitions between activities
[ ] [ ] Difficulty developing or maintaining peer or adult relationships
[ ] [ ] Inappropriate types of behavior or feelings under normal circumstances
[ ] [ ] Short attention span
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

7. MOTOR

YES NO

[ ] [ ] Problems with gross motor development (clumsy or awkward)
[ ] [ ] Problems with fine motor skills (reaching, grasping, manipulation of objects)
[ ] [ ] Other: _____

Please explain any items marked "yes": _____

8. TRANSFER STUDENT RECORDS REVIEW

Last grade attended: _____ Year attended: _____
Last school attended: _____
Date records requested: _____ Received: _____
Date records viewed: _____ Reviewer: _____

YES NO

[ ] [ ] History of poor performance or progress in school

If so, referred to: _____

Please explain any items marked "yes": _____

9. PRIMARY LANGUAGE SURVEY

Home Language Survey completed: _____

If the answer to any of the three questions on the survey was other than English, an English language proficiency assessment must be done.

10. ADMINISTRATIVE ACTION

[ ] No problem at this time.
[ ] Problem noted. Action taken below.

YES NO

[ ] [ ] Parents notified in 10 school days if concerns were noted
[ ] [ ] Referred for student study team
[ ] [ ] Referred for 504 plan
[ ] [ ] Referred to appropriate program administrator
[ ] [ ] Other: _____

Administrator's Signature and Date: _____