

Discipline Information (Attach copies of any behavioral plan or contract)			
Identify the behaviors exhibited by the student (check all that apply)			
Poor attention and concentration		Shifts from one uncompleted task to another	
Often loses things necessary for tasks		Interrupts or intrudes on others	
Excessively high/low activity level		Difficulty working with peers	
Difficulty following directions		Difficulty remaining seated	
Fidgets, squirms or seems restless		Confrontational/assaultive	
Dress code violations		Leaves class without permission	
Brings inappropriate items to school		Other	
In response to these behaviors, what behavior management techniques have been attempted?			
Results of these techniques:			
Has this student been suspended, expelled or removed to DAEP during the previous or current school year?		No	Yes (see below)
If yes, explain and attach copies of <i>all</i> disciplinary referrals (including those that resulted in discipline other than suspension, expulsion, or DAEP), and PEIMS report totaling removal days.			

Early Intervention & Alternative Programs (attach relevant plans or other documentation)			
What types of efforts have been attempted to meet the student's needs? (check all that apply)			
Alternative Learning Setting	Title I	Summer School	Dyslexia
ESL/Bilingual Ed. Program	Tutoring	TAKS/STAAR Remediation	Gifted & Talented
Mentoring	Other		
If the student received assistance from the campus' early intervention team (CST, SST, Core Team), please attach plans created for the student and data gathered on student's response.			
List services or programs considered and rejected for this student? Why?			
Has the student ever been special education eligible?	No	Yes, please attach dismissal ARD	
Has the student ever been referred to special education?	No	Yes, please attach eligibility ARD	

Mitigating Measures (Identify any mitigating measures currently in use or provided for the student's benefit. Check all that apply, describe the measure(s) in use.)	
Medication:	
Medical supplies, equipment, or appliances:	
Low-vision devices (which do not include ordinary eyeglasses or contact lenses):	
Prosthetics including limbs and devices:	
Hearing aids and cochlear implants or other implantable hearing devices:	
Mobility devices:	
Oxygen therapy equipment and supplies:	
Assistive technology:	
Reasonable accommodations (includes early intervention, RTI, differentiated instruction and informal help from teachers):	
Auxiliary aids or services (includes health plans, emergency plans):	
Learned behavioral or adaptive neurological modifications (including dyslexia and remedial instruction):	
Other:	
Identify any mitigating measure checked above that is neither provided by the school nor implemented by the school:	

Evaluation Data from State Assessment (TAKS/STAAR)								
TAKS/STAAR Latest Administration School Year:			TAKS/STAAR Previous School Year:			TAKS/STAAR Previous School Year:		
Subject	Pass? (Y/N)	Scaled Score	Subject	Pass? (Y/N)	Scaled Score	Subject	Pass? (Y/N)	Scaled Score
Reading			Reading			Reading		
Mathematics			Mathematics			Mathematics		
Writing			Writing			Writing		
Science			Science			Science		
Social Studies			Social Studies			Social Studies		
English/LA			English/LA			English/LA		

Over time, this student's test scores: (check the appropriate box)

have become better each year	have stayed about the same each year	have become worse each year
dropped suddenly in ___ grade	data not available	

Compared to the mean of the district/campus/classroom, this student's test scores: (circle comparison group and check the appropriate box)

improved each year	stayed about the same each year	worsened each year	Other:
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Health Information Person conducting screening:

Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic information, etc.)

Does student exhibit any signs of health or medical problems? If yes, attach observations.	No	Yes
Is there a need for further assessment of referral of a medical problem?	No	Yes

If further assessment is necessary, please describe what new data is necessary.

Is student receiving any medication at school?	No	Yes, list medications:
Does the student require adaptive equipment or facility adaptation?	No	Yes, attach list of needs
Does the student currently have a health plan?	No	Yes, attach a copy of the plan.

Does the student have a physical or mental impairment that is episodic?	No	Yes
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If yes, please describe the condition, when and how often it is active, and its impact on the student when it is active.

Does the student have a physical or mental impairment that is in remission?	No	Yes
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If yes, please describe the condition, when it was active, at what point it went into remission, and its impact on the student when it was active.

Vision Type of screening: _____ Date of screening _____			
<i>(Vision examination must have been administered within a year from the date of referral)</i>			
Visual acuity before correction:	Right _____	Left _____	
Visual acuity with correction:	Right _____	Left _____	
Interpretation of results:			
Does the student exhibit any known difficulty with near-vision? Yes. If Yes, attach explanation.	No	Yes	
Does student exhibit any signs of health or medical problems? If yes, attach observations.	No	Yes	
Is there a need for further assessment of a medical problem?	No	Yes	
If further assessment is necessary, please describe what new data is necessary.			
As a result of the screening, is there any indication of a need for further assessment or adjustment? If Yes, please explain.	No	Yes	
Has any follow-up treatment been recommended? If Yes, please explain.	No	Yes	

Hearing Date of most recent screening: _____	Type of screening: _____		
Results:			
Interpretation of results:			
As a result of the screening, is there any indication of a need for further assessment or adjustment? If yes, please explain.	No	Yes	
Has any follow-up treatment been recommended? If Yes, please explain.	No	Yes	

Home Language Survey			
1. Identify the language most frequently used in the student's home:			
English	Spanish	English and Spanish	Other: _____
2. Identify the language most frequently used by the student's parents:			
English	Spanish	English and Spanish	Other: _____
3. Identify the language most frequently used by the student:			
English	Spanish	English and Spanish	Other: _____
4. Is an LPAC in place for this student? If yes, please attach relevant LPAC records for Section 504 Committee review during evaluation.	No	Yes	