



STUDENT RECORD REVIEW (Form D)



Student's Name: _____ DOB: _____ Grade: _____ Sex: M F
 Reviewer: _____ Review Date: _____
 Current IEP? Yes No Current 504 Plan? Yes No LEP? Yes No

I. Current Concern (check all that 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. Describe 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</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):

<u>Agency</u>	<u>Date</u>	<u>Reason for Involvement</u>	<u>Result</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Condition</u>	<u>Diagnosed By</u>	<u>Date</u>	<u>Impact</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Current Medications</u>	<u>Dosage</u>	<u>Reason Prescribed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>Comprehensive Medical</u>	<u>When</u>	<u>By Whom</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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):

<u>Instructional/Behavioral Intervention</u>	<u>Dates Begun/Ended</u>	<u>Impact on Target Skill/Behavior</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

XI. Anticipated action at this time : _____

