



# 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:

\_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_ 7<sup>th</sup> \_\_\_ 8<sup>th</sup> \_\_\_ 9<sup>th</sup> \_\_\_ 10<sup>th</sup> \_\_\_ 11<sup>th</sup> \_\_\_ 12<sup>th</sup>

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 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_