



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):

- excessive absences, at risk; potential for dropping out, consideration for expulsion, consideration for retention, physical injury, pattern of not benefitting from instruction, chronic health condition, pattern of suspensions from school, substance abuse, 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:

Table with 4 columns: Type of Evaluation, Date, Recommendations, Action Taken

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 : _____

