



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 : _____

