

## STUDENT RECORD REVIEW

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ # Years in School District \_\_\_\_\_

IEP  yes  no    Section 504 Plan  yes  no    LEP  no  yes    Language: \_\_\_\_\_

1. Current concern (check as apply):
 

<input type="checkbox"/> excessive absences <input type="checkbox"/> consideration for expulsion <input type="checkbox"/> physical injury <input type="checkbox"/> chronic health condition <input type="checkbox"/> substance abuse	<input type="checkbox"/> at risk; potential for dropping out <input type="checkbox"/> consideration for retention <input type="checkbox"/> pattern of not benefiting from instruction <input type="checkbox"/> pattern of suspensions from school <input type="checkbox"/> other _____
--	--
  
2. 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 # of times): \_\_\_\_\_
  
3. Attach copies of district-wide test results for past three years. Describe any significant changes in scores over time:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
4. Attach current and previous year's grades. Discuss any patterns or evident problems:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
5. Are there any comprehensive educational or psychological evaluations available?  No  Yes  
 If yes, were services recommended: \_\_\_\_\_ Describe any services provided: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Attach disciplinary actions for current year. Describe any patterns: \_\_\_\_\_  

	<u>current year</u>	<u>last year</u>
# days in-school alternate program:	_____	_____
# days suspended:	_____	_____
  
7. Discuss student involvement with other agencies (state agencies, medical, counseling, courts)  
 \_\_\_\_\_
  
8. Have any health factors been identified which may contribute to student's school problems?  
 No  Yes Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_
  
9. Are there references to substance abuse?  No  Yes  
 Explain: \_\_\_\_\_
  
10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; Section 504 plan; IEP): \_\_\_\_\_  
 \_\_\_\_\_
  
11. Anticipated action at this time: \_\_\_\_\_

Person conducting this review: \_\_\_\_\_ Date this review completed: \_\_\_\_\_