Individual Student Problem Solving Request

Student's Name:_____ **Date:**_____

Date of Birth:_____ **Gender:**_____ **District:**_____

Teacher/Person Completing Form: _____ **Grade:**_____

Language Spoken in the Home:_____ **School:**_____

Parent:_____ **Home Phone/Cell:**_____

Vision Screening:_____ P   F **Glasses:**   Y   N   **Hearing Screening:** _____ P   F

(Date)   (Date)

Attendance: Numbers of Days Absent:_____   **Number of Days Tardy:**_____

Retentions: Y   N   **Grade(s):**_____

Is the student currently taking medication?   Y   N   **Specify:**_____

What are the student's strengths? (Academic and Behavioral)

List the student's current grades:

Reading _____   Spelling _____   Science _____   Math _____

Language Arts/English _____   Social Studies _____   Other _____

Identify specific areas of concern:

Reading:
Phonemic Awareness
Letter/Sound Association
Reading Fluency
Vocabulary
Comprehension

Written Expression:
Spelling
Grammar
Writing Content
Penmanship

Speech/Language:
Articulation
Language
Expressive
Receptive

Math:
Early Numeracy
Calculation
Problem Solving

Behavior/Social-Emotional:
Hyperactive/Impulsive
Inattention
Aggression
Depression/Withdrawal
Motivation
Homework Completion
Defiance
Atypical Behavior

Other:
Medical
Vision
Hearing
Adaptive
Physical
Attendance
Other: _____

Individual Student Problem Solving Request

Describe the specific concerns regarding this referral:

Reading Curriculum: (name and minutes per day)_____

Math Curriculum: (name and minutes per day)_____

List any services the child is currently receiving or has received in the past (Reading Recovery, Title I, counseling, speech/language, behavior modification plan, etc.):

Service   *Date/Grade of Service*

_____   _____

_____   _____

_____   _____

Check accommodations and modifications that have been tried prior to this referral:

    Spoke with student privately after class/school
        How many times:_____
    Gave student extra help during class
        How often:_____
    Gave student extra help after class/school
        How often:_____
    Modified assignments
        What modifications:_____
    Changed where student was seated in the classroom
        How many times:_____
    Spoke with parent on the telephone
        Name/date(s):_____
    Adapted curriculum to student's level
        Duration:_____
    Held conference with parent at school
        Name/date(s):_____
    Sent notes home regarding behavior/school work
        Date(s):_____
    Other:_____

Attach AIMSweb, DIBELS, and/or PBIS Data

Using Survey Level Assessment, _____'s performance is average given a _____ probe.
                          (Ex. Student name)   (Ex. 3rd grade M-CBM)

September 2008