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| --- | --- | --- |
| **Student’s Full Name**: Click here to enter text. | **SSID**: Click here to enter text. | **Grade**: Click here to enter text. |
| **Date of Birth**: Click here to enter a date. | **ARC Decision Date**: Click here to enter a date. |
| **Referred Date**: Click here to enter a date. |
| **School**: Click here to enter text. | **Suspected Disability**: Click here to enter text. |
| **Primary Mode of Communication of the Student**: Click here to enter text. |
| **Student Represented By:**  [ ]  Parent [ ]  Guardian [ ]  Self [ ]  Surrogate  |
| **Does Student Live with Parents?** [ ] Yes [ ]  No  |
| **If No, With Whom Does the Student Live?** Click here to enter text.  | **Relationship:** Click here to enter text. |
| **Note:** If student lives with someone other than the parent, the *Determination of Parent Representative for Educational Decision Making* form must be completed and attached.  |
| **Parent/Guardian:** Click here to enter text. |
| **Home Address:** Click here to enter text. |
| **Home Phone:** Click here to enter text. | **Work Phone:** Click here to enter text. |
| **Primary Mode of Communication in the Hom**e**:** Click here to enter text. |
| **Parent/Guardian:** Click here to enter text. |
| **Home Address:** Click here to enter text. |
| **Home Phone:** Click here to enter text. | **Work Phone:** Click here to enter text. |
| **Primary Mode of Communication in the Home:** Click here to enter text. |
| **General Education Teacher:** Click here to enter text. | **Referring Person/Title**: Click here to enter text. |

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| **Summary of Interventions & Data** |
| 1.Describe the area being targeted for intervention and means of identifying the need. Click here to enter text.  |
| 2.Indicate the area(s) of suspected disability (interventions must match deficit areas of the disability suspected): Click here to enter text. |
| 3. Describe the Tier I intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist. Click here to enter text. |
| **Dates**  | **Frequency of** **Service**  | **Amount of** **Time** | **Impact** (What was the end result? What was the final level/score?) | **Expected Progress**(Where should the student have been at the end of the intervention?) |
| **Begin** | **End** |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4. Describe the Tier II intervention(s) implemented in the general education classroom to address the area being targeted and the name of the interventionist. Click here to enter text. |
| **Dates**  | **Frequency of** **Service**  | **Amount of** **Time** | **Impact** (What was the end result? What was the final level/score?) | **Expected Progress**(Where should the student have been at the end of the intervention?) |
| **Begin** | **End** |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5. Describe the Tier III intervention(s) implemented in the general education classroom to address the area of being targeted and the name of the interventionist. Click here to enter text. |
| **Dates**  | **Frequency of** **Service**  | **Amount of** **Time** | **Impact** (What was the end result? What was the final level/score?) | **Expected Progress**(Where should the student have been at the end of the intervention?) |
| **Begin** | **End** |
| Click here to enter a date. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

| **Major Area(s) of Concern** |
| --- |
| Communication: Click here to enter text. |
| Articulation: Click here to enter text. |
| Specialized Equipment Used by the Student: | Click here to enter text. |

| **School Information****Number of Schools Attended to Date:** Click here to enter text. |
| --- |
| Year and Grade | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Days Enrolled | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of Absences | Excused | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Unexcused  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Number of Tardies | Excused | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Unexcused  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- | --- | --- |
| Years in School Including Current Year:  | Years in Primary Program Including Current Year:  | Repeated Grades:  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

| **Summary of Most Recent Grades (Provide Current or Most Recent Grades the Student Received by Content)** |
| --- |
| Reading | Click here to enter text. | English | Click here to enter text. | Other: Click here to enter text. | Click here to enter text. |
| Spelling | Click here to enter text. | Science | Click here to enter text. | Other:Click here to enter text. | Click here to enter text. |
| Math | Click here to enter text. | Social Studies | Click here to enter text. | Other: Click here to enter text. | Click here to enter text. |

**Summary of Standardized Group Test Data (Attach Copies):**

| **Physical Functioning**Attach documentation for results of each screening. |
| --- |
| **VISION** | **HEARING** | **MOTOR** | **SPEECH** |
| *Required for all students referred for special education* | *Required when Specific Learning Disability suspected and as determined by the ARC* | *Required as Determined by the ARC* |
| Screening Date: Click here to enter a date.[ ]  Passed [ ]  Failed  | Screening Date: Click here to enter a date.[ ]  Passed [ ]  Failed | Screening Date: Click here to enter a date.[ ]  Passed [ ]  Failed | Screening Date: Click here to enter a date.[ ]  Passed [ ]  Failed |

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| Describe any Existing Medical Health Conditions Below:  |
| Click here to enter text. |

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| --- |
| Is Student Currently on Medication?: [ ]  Yes [ ]  No Specify Type and Dosage Below:  |
| Click here to enter text. |

| **Summary of Past and Present Support** |
| --- |
| Has this student been evaluated for special education previously? [ ]  Yes [ ]  No |
| If yes, * When was the student evaluated? Click here to enter text.
* What was the suspected area of disability? Click here to enter text.
 |
| What services is this student receiving or what services has this student received in the past? For the services below, enter **[C]** if currently receiving or **[P]** if the service was provided in the past.  |
| Limited English Proficient | Migrant | Title 1 | Speech Language | 504  | Extended School Services | Gifted and Talented |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| --- |
| Involvement with Outside Agency(ies)?: [ ]  Yes [ ]  No Agency: Click here to enter text. |
| Describe services that are being provided to this student by agency(ies) listed above:  |
| Click here to enter text. |

**Documentation of Student Progress**

| **Scores from District Universal Screenings:** |
| --- |
| Test Name: Click here to enter text. |
| Reading: Click here to enter text. | Math: Click here to enter text. | Language: Click here to enter text. | Behavior: Click here to enter text. |
| Date: Click here to enter a date. | Date: Click here to enter a date. | Date: Click here to enter a date. | Date: Click here to enter a date. |