

LCMT At-Risk Documentation

Name: _____ Grade: _____ Age: _____ Date: _____

School: _____ Teacher(s): _____

Active IEP? Yes No ESL? Yes No (If applicable) WIDA P Score: _____ WIDA A Score: _____

Primary Language of Student: _____ Primary Language at Home: _____

Parent Notified of Concerns On: _____ Method of Notification: _____

Date of hearing screening: _____ Pass Fail Date of vision screening: _____ Pass Fail

Absences this year: _____ Tardies this year: _____ Has attendance been a problem in previous years? Yes No

Specific area(s) of concern:

<input type="checkbox"/> Reading (Basic Reading, Reading Fluency and/or Reading Comprehension)	<input type="checkbox"/> Mathematics (Math Calculation and/or Math Reasoning)	<input type="checkbox"/> Written Expression	Other Concern(s): <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Other:
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<input type="checkbox"/> Behavior (Attention, Task Completion, Following Directions, Withdrawn, Aggression, Peer Relationships, Self Help / Adaptive, etc)	Communication <input type="checkbox"/> Articulation <input type="checkbox"/> Language <input type="checkbox"/> Fluency <input type="checkbox"/> Stuttering <input type="checkbox"/> Voice <input type="checkbox"/> Listening Skills <input type="checkbox"/> Other:	Sensory / Motor <input type="checkbox"/> Fine Motor <input type="checkbox"/> Large Motor <input type="checkbox"/> Sensory <input type="checkbox"/> Other:	Comments:
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Student Assistance Team/LCMT Decision

- No further action
- 504 Evaluation
- Special Education Consideration
- Other: _____

LEA Signature: _____

Date: _____

Intervention Sheet

**Each area of concern (ie reading, math, etc.) needs to have at least 2 research-based interventions. Make copies of this page as needed.*

Area(s) of concern: _____

Intervention	Dates	What was targeted	Who implemented the intervention?	How often did the intervention occur?	How did you measure the results?	Describe the results and ATTACH applicable data			
						Week 1	Week 2	Week 3	Week 4

** Attach additional sheets as necessary.*

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