

RCSD Teacher Support Team Student Profile (Updated 7.2016)

(Due at the 8-week T3 TST Meeting)

Student:		School:	
Teacher(s):		MSIS:	
DOB:	Grade:	Gender:	Race:
Parent/Guardian:		Phone:	
Address:		Email:	

COURSE PERFORMANCE

Current School Year

	T1	T2	T3	T4
Reading/LA				
Math				
Science				
S. Studies				

SY _____

	T1	T2	T3	T4
Reading/LA				
Math				
Science				
S. Studies				

SY _____

	T1	T2	T3	T4
Reading/LA				
Math				
Science				
S. Studies				

Retention(s)

If applicable, indicate grades(s) and school year(s).

Grade	School Year
_____	_____
_____	_____

BEHAVIOR

- ☐ No Behavior Issues
- ☐ Social/Emotional Issues (Appendix A)
- ☐ Discipline Record
 - Number of Discipline Reports _____
 - Number of Suspensions _____
 - In School _____
 - Out of School _____
- ☐ Additional behaviors that may impact academic performance: _____

Behavior Screener (Elementary)

Fall

____ Externalizing ____ Internalizing ____ Maladaptive

Winter

____ Externalizing ____ Internalizing ____ Maladaptive

Spring

____ Externalizing ____ Internalizing ____ Maladaptive

Behavior Screener (Middle & High School)

- ☐ Middle School Success Predictor
- ☐ High School Graduation Plan Predictor
 - ____ No significant indicators
 - ____ Significant indicators (Explain below)

MEDICAL/PSYCHOLOGICAL EVALUATION

- ☐ Yes, a report has been provided.
(Attach a copy of any reports.)
- ☐ No, a report not has not been provided.

ATTENDANCE

School Year Days Present/Absent

_____	_____/____
_____	_____/____
_____	_____/____

List all schools attended and dates

SPECIAL POPULATION

- ☐ Special Education

Eligibility Date: _____

Eligibility Category _____

- ☐ 504
- ☐ ELL (include LSP)
- ☐ Dyslexia (include RCSD or outside evaluations)
- ☐ Other

3rd GRADE SUMMATIVE READING ASSESSMENT **Not Applicable***Fill in only if student completed 3rd grade after the implementation of Literacy-Based Promotion Act (2014-2015)*

Attempts	Date	Score
Initial Test		
1 st Retest		
2 nd Retest		

(If student fails all three, see Section H for Good Cause Exemptions.)

Form Completed By: (Name/Position)

Date of Completion: