

Date Received ___/___/___

STUDENT PROFILE

Referral Source (check) ___Teacher ___Parent ___Legal Guardian ___Other (specify)

IDENTIFYING DATA

Student _____ Date of Birth ___/___/___ Phone _____

Address _____ City _____ Zip Code _____ Gender ___M___F

Building of Attendance _____ Teacher _____ Grade _____

Legal Guardian _____ Home Phone _____ Work Phone _____

Address _____ City _____ Zip Code _____

Does the child or parent need assistive technology or other such accommodations in order to understand the content of written and/or verbal information or attend meetings? _____ Yes _____ NO
If Yes please specify/explain _____

GENERAL

What are the child's strengths and interests? _____

Is there any other pertinent information not previously described? _____

GRADES

___Language Arts ___Science ___Art ___Band
___Math ___Health ___Music
___Social Studies ___Physical Education

Most Recent Standardized Test	Age When Tested	Grades When Tested	Results

Pre-Assessment Results:

Assessment for Screening Results:

Assessment for Identification Results:

To be completed after screening/assessment

A team met on _____

The following actions were recommended: