

Wakulla County School Board

Student Data Form

(to be completed before First IST Meeting)

A. Student Name:		ID#	Date:		
		Grade:			
B. Rate the following characteristics as: (1) Never (2) Sometimes (3) Frequently					
Academic Concerns		Behavior Concerns	Other		
<input type="checkbox"/>	Loss of interest/inattentive in class	<input type="checkbox"/>	Defiance of rules	<input type="checkbox"/>	Changing in attendance
<input type="checkbox"/>	Appears to try hard without success	<input type="checkbox"/>	Obscene language/gestures	<input type="checkbox"/>	Excessive absences
<input type="checkbox"/>	Change in class participation	<input type="checkbox"/>	Constantly in the wrong place/area	<input type="checkbox"/>	Pattern of early morning tardiness
<input type="checkbox"/>	Inconsistent class/test grades; overall performance is inconsistent	<input type="checkbox"/>	Frequent use of hall passes/frequent physical complaints	<input type="checkbox"/>	Pattern of early departure
<input type="checkbox"/>	Low test scores	<input type="checkbox"/>	Dramatic attention seeking	<input type="checkbox"/>	Skipping class
<input type="checkbox"/>	Reads below grade level	<input type="checkbox"/>	Fighting	<input type="checkbox"/>	
<input type="checkbox"/>	Little automaticity of recall on basic facts/skills	<input type="checkbox"/>	Sudden outburst/verbal abuse	<input type="checkbox"/>	
<input type="checkbox"/>	Difficulty completing assignments	<input type="checkbox"/>	"Care-less" attitude	<input type="checkbox"/>	
<input type="checkbox"/>	Difficulty following directions in sequence	<input type="checkbox"/>	Defensive/persecuted/argumentative/blaming	<input type="checkbox"/>	
<input type="checkbox"/>	Low frustration tolerance	<input type="checkbox"/>	Appears Withdrawn	<input type="checkbox"/>	
C. Attach Tier I Intervention Plan documenting parent conferences					
D. Services Received		<input type="checkbox"/> Speech/Language Therapy <input type="checkbox"/> Tutoring <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Small Group/Ind. Guidance <input type="checkbox"/> 504 Accommodations <input type="checkbox"/> BIP in place <input type="checkbox"/> Previously Reviewed by IST- Years:	<input type="checkbox"/> ESL/LEP/ELL <input type="checkbox"/> Title I <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Community Services <input type="checkbox"/> Read 180/Intensive Reading <input type="checkbox"/> Credit Recovery <input type="checkbox"/> Previously Screened/Evaluated -Year		
E. Additional Comments/Information/Teacher Observations:					
Vision and Hearing Screening Information is available in the student's cumulative folder. This can be added at the IST meeting.					
F. Data of Vision Screening (must be w/in past 12 months) THIS MUST BE FILLED IN NO LATER THAN THE FIRST IST MEETING:		Data of Hearing Screening (must be w/in past 12 months) THIS MUST BE FILLED IN NO LATER THAN THE FIRST IST MEETING:			
Results: Within Normal Limits <input type="checkbox"/> Yes <input type="checkbox"/> No		Results: Within Normal Limits <input type="checkbox"/> Yes <input type="checkbox"/> No			