

SECTION III Student Record Review

1. Parent/Guardian Name _____ Relationship _____

2. Language Spoken at Home ___ English ___ Other

3. Significant Medical Problems _____

4. Last Vision and Hearing Screening: Date _____ (V) Date _____ (H)

Recommendations: _____

List name, date, grade and results of the most recent achievement, readiness and/or aptitude test or attach copy of that printout

Name of Test	Date	Grade	Results
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List present classroom achievement levels: ___ Reading ___ Math ___ English
___ Social Studies ___ Science
___ Other (please list) _____

When and what, if any, disciplinary action has been initiated: _____

Attach any relevant work samples and/or additional statements about this student's work habits, behaviors and/or potential: _____

SECTION IV To be completed by assigned personnel:

IAT Conference Date _____ Date _____

Date _____ Date _____

IAT Members	1. _____ Date _____	4. _____ Date _____
	2. _____ Date _____	5. _____ Date _____
	3. _____ Date _____	6. _____ Date _____