

Student: _____

Counselor Information

- Yes No Student has been previously retained
- Yes No Student receives speech and language services
- Yes No Student receives remedial support
- Yes No Student receives ESL services
- Yes No Student has attendance issues
Total absences to date: _____
- Yes No Student has a history of discipline referrals
(Please attach records relevant to discipline)

Additional Comments:

Counselor Signature: _____ Date: _____

Nurse Information

- Yes No Student passed vision screening Date: _____
- Yes No Student passed hearing screening Date: _____
- Yes No Student has medical issues/concerns
- Yes No Student is on medication

Additional Comments:

School Nurse Signature: _____ Date: _____