

STUDENT RECORD REVIEW

Student's Name _____ Age _____ Birth Date _____

School _____ Grade _____ # Years in School District _____

IEP yes no **Section 504 Plan** yes no **LEP** no yes Language: _____

1. Current concern (check as apply):
- | | |
|--|---|
| <input type="checkbox"/> excessive absences | <input type="checkbox"/> at risk; potential for dropping out |
| <input type="checkbox"/> consideration for expulsion | <input type="checkbox"/> consideration for retention |
| <input type="checkbox"/> physical injury | <input type="checkbox"/> pattern of not benefiting from instruction |
| <input type="checkbox"/> chronic health condition | <input type="checkbox"/> pattern of suspensions from school |
| <input type="checkbox"/> substance abuse | <input type="checkbox"/> other _____ |

2. Attendance: Identify number of days absent at each grade level:
 __1st __2nd __3rd __4th __5th __6th __7th __8th __9th __10th __11th __12th
 Identify any absence patterns: _____
 Grades repeated (indicate # of times): _____

3. Attach copies of district-wide test results for past three years. Describe any significant changes in scores over time: _____

4. Attach current and previous year's grades. Discuss any patterns or evident problems:

5. Are there any comprehensive educational or psychological evaluations available? No Yes
 If yes, were services recommended: _____ Describe any services provided: _____

6. Attach disciplinary actions for current year. Describe any patterns: _____
- | | | |
|-------------------------------------|---------------------|------------------|
| | <u>current year</u> | <u>last year</u> |
| # days in-school alternate program: | _____ | _____ |
| # days suspended: | _____ | _____ |

7. Discuss student involvement with other agencies (state agencies, medical, counseling, courts)

8. Have any health factors been identified which may contribute to student's school problems?
 No Yes
 Describe: _____

9. Are there references to substance abuse? No Yes
 Explain: _____

10. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; Section 504 plan; IEP): _____

11. Anticipated action at this time: _____

Person conducting this review: _____ Date this review completed: _____