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| Student Information |
| Student Name: | Gender: | Age:  | Grade: |
|       | [ ]  Male [ ]  Female  |       |       |
| Staff Member Completing: | Does the Student have an IEP? | Is the student an English Language Learner? | Date: |
|       | [ ] Yes [ ] No [ ]  Being Evaluated | [ ] Yes [ ] No  | Click here to enter |

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| Medical History |
| Releveant Medical Information *(e.g., medication history, diagnoses or conditions, mental health information, recieves related services e.g., speech, OT)* |       |

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| Educational History |
| Is the student new to the district or school?*If so, how long has the student been enrolled in current school?*  |       |
| Has the student previously had an FBA/BSP? *If yes, when was it completed? Last updated? What was the problem behavior? Interventions put in place?* |       |
| Has the student ever been removed from the school environment? *(e.g., placed at an alternate setting/school, expelled, etc.)* |       |
| Does the student have current or past psychological evaluation?(Did the student go through the support team process? Did the school or paraent iniatiate the process?) |       |

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| Academic Information | Behavior/Attendance Information |
| GPA |       | Unexcused Absenses |       |
| English Grade |       | Number of Office Referrals |       |
| Math Grade |       | Suspensions/Expulsions (year-to-day) |       |
| RTI Tier |       | SRSS-IE Score |       |

