|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

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

|  |  |
| --- | --- |
| 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?) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |  |

