

# STUDENT RECORD REVIEW

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ # Years in School District \_\_\_\_\_

IEP  yes  no      504 Plan  yes  no      LEP  no  yes      language: \_\_\_\_\_

**I. 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 _____                                |

**II. 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): \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**V. Are there any comprehensive educational/psychological evaluations available?  No  Yes**

If yes, were services recommended: \_\_\_\_\_ Describe any services provided: \_\_\_\_\_

\_\_\_\_\_

**VI. Attach disciplinary actions for current year. Describe any patterns:**

	<u>current year</u>	<u>last year</u>
# days in-school alternate program:	_____	_____
# days suspended:	_____	_____

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

\_\_\_\_\_

**VIII. Have any health factors been identified which may contribute to student's school problems?**

No  Yes Describe: \_\_\_\_\_

\_\_\_\_\_

**IX. Are there references to substance abuse?  No  Yes Explain:** \_\_\_\_\_

\_\_\_\_\_

**X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP):** \_\_\_\_\_

\_\_\_\_\_

**XI. Anticipated Action at this time:** \_\_\_\_\_

Person Conducting this Review: \_\_\_\_\_ Date this Review Completed: \_\_\_\_\_