

Mid-State Education District

STUDENT PERFORMANCE REVIEW FORM (shared with Child Study Team)

Swanville Public Schools: _____

Use this form for students who are experiencing difficulty in school and may require additional help and support.

Part A - Student Information

Students Legal Name: _____ School: _____

Homeroom Teacher: _____ Grade: _____

Student's Home Language: _____ Birth Date: _____ Gender: _____

(if home language is other than English, attach a copy of the "home language questionnaire" from the cumulative folder)

Parent/Guardian: _____ Phone: _____

Address: _____

Student Race or ethnicity: (select all that apply)

☐ African American ☐ American Indian ☐ Asian ☐ Black ☐ White

☐ Native Hawaiian or other Pacific Islander

Other areas of concern:

☐ Poverty ☐ Language Barriers ☐ Housing

☐ Family Changes ☐ Other: _____

Part B - Referral Initiation Information

Date of Referral: _____ Referred by: _____

Position: _____ School: _____ Phone: _____

Communication with parent/guardian: ☐ yes ☐ no Dates: _____

Explanation of contact: _____

Part C - Background Information

Area of concern: ☐ Academic ☐ Social

☐ Adjustment ☐ Behavior

List concerns in order of severity:

What do you want the student to do?

Academic Performance

Well Below Average	2	3	4	5	Well Above Average	*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5		Known letters and sounds
1	2	3	4	5		Has adequate sight vocabulary
1	2	3	4	5		Uses context to decode
1	2	3	4	5		Has adequate phonetic analysis skills
1	2	3	4	5		Reads orally within the range of peer group
1	2	3	4	5		Understands what they read silently
1	2	3	4	5		Uses and understands basic math facts
1	2	3	4	5		Uses age-appropriate math applications
1	2	3	4	5		Applies math skills to problem-solving
1	2	3	4	5		Uses capitalization, punctuation, and spelling appropriately
1	2	3	4	5		Writes complete sentences
1	2	3	4	5		Communicates ideas in written form

Intellectual Performance					
Well Below Average	Average		Well Above Average		*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5	Retains taught and mastered concepts over time
1	2	3	4	5	Learns at the same rate as peers
1	2	3	4	5	Knows age-appropriate factual information
1	2	3	4	5	Applies learned skills and concepts to new tasks
1	2	3	4	5	Remembers personal data (address, phone, etc)
1	2	3	4	5	Adjusts to changes in working condition (different room)
1	2	3	4	5	Knows classroom routine and schedule

Communicative Status					
Well Below Average	Average		Well Above Average		*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5	Uses intelligible speech
1	2	3	4	5	Speaks fluently (without stuttering)
1	2	3	4	5	Uses appropriate voice quality
1	2	3	4	5	Understands meaning of isolated words
1	2	3	4	5	Uses complete and grammatically correct sentences
1	2	3	4	5	Asks for help or clarification
1	2	3	4	5	Tells a story or describes and event/experience in sequence
1	2	3	4	5	Responds appropriately to content area questions
1	2	3	4	5	Follows discussions or offers related comments
1	2	3	4	5	Follows written and oral instructions
1	2	3	4	5	Communicates with peers and adults in native language

Motor Ability					
Well Below Average	Average		Well Above Average		*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5	Is able to independently access school equipment (playground, bathroom, lunchroom, etc)
1	2	3	4	5	Manages clothing independently (buttons, zippers, snow pants, boots, etc)
1	2	3	4	5	Demonstrates age appropriate gross motor skills
1	2	3	4	5	Writes legibly
1	2	3	4	5	Copies from whiteboard to paper
1	2	3	4	5	Age-appropriate ability to hold pencil, scissors, etc.
1	2	3	4	5	Writes letters/numerals correctly
1	2	3	4	5	Participates in school recreational sports and activities
1	2	3	4	5	Functions without adaptive equipment
1	2	3	4	5	Able to sit and remain seated to finish a writing task

Social and Emotional Development					
Well Below Average	Average		Well Above Average		*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5	Able to make and keep friends
1	2	3	4	5	Able to compromise
1	2	3	4	5	Accepts the consequence of own behavior
1	2	3	4	5	Acts in a socially acceptable manner
1	2	3	4	5	Able to make age-appropriate choices
1	2	3	4	5	Expresses emotions appropriately
1	2	3	4	5	Interacts appropriately with others

Behavior Skills					
Well Below Average	Average		Well Above Average		*Please elaborate on any statement where 1 or 2 is checked
1	2	3	4	5	Usually prepared and on time
1	2	3	4	5	Demonstrate age-appropriate impulse control
1	2	3	4	5	Demonstrates the ability to stay "on task"
1	2	3	4	5	Respects the property/space of others
1	2	3	4	5	Uses language acceptable with the situation
1	2	3	4	5	Manages/completes classroom tasks within timelines
1	2	3	4	5	Works/studies unsupervised
1	2	3	4	5	Exhibits age-appropriate activity level
1	2	3	4	5	Follows school rules and teacher requests
1	2	3	4	5	Has been suspended for use of alcohol or drugs

Part D - Current Information and Cumulative File Review

Is there a history of: **When:**

☐ Special Education _____
☐ Attendance Concerns _____
☐ Title One _____
☐ ELL/Bilingual Services _____
☐ Retention _____
☐ Behavior Concerns _____
☐ 7/8 Study Skills _____
☐ 504 _____

District Assessment Scores

	F	W	S
Reading			
Math			

MCA Scores

	Date	Score
Reading		
Math		
Science		

*Attach relevant attendance and behavior/office referrals

Health Review

Is there a history of:

☐ Visual Concerns
☐ Hearing Concerns
☐ Medications
☐ Other Health Concerns
☐ Possible chemical dependency

Comments:

Part E - Attendance

(This section should be completed if the team is considering SLD)

- ☐ Is school attendance impeding the students ability to learn? Yes_____ No _____
- ☐ Has the student been in class at least 90% with their peers engaged in learning?
How many days or percent missed this year? _____ Last year: _____
- ☐ Has the student ever attended school? _____ Has the student attended more than one school in the past year? _____ If so, how many? _____
- ☐ To what extent do basic psychological processes fall within the normal range for students of similar age? Circle those that you feel are out of normal range: *Acquisition of Information, Organization, Planning & Sequencing, Working Memory, Visual & Auditory Processing, Processing Speed, Verbal & Non-Verbal Expression, Transfer of Information & Motor Control*
- ☐ Are there any other factors impacting school attendance?

Part F - Interventions Attempted

(This section is not needed for a referral for articulation, stuttering, voice or in the case of a hearing impairment, visual impairment, or physical impairment.) State Board of Education Standards and Procedures require that, before pursuing evaluation for special education placement, a minimum of two research-based interventions related to the primary concern be completed. Interventions should be individualized for the learner, last four to six weeks, and cannot run simultaneously.

1st Intervention related to primary concern	2nd Intervention related to primary concern
Date Begun _____ Date Ended _____	Date Begun _____ Date Ended _____
Plan	Plan
Setting	Setting

Results Week 1: Week 2: Week 3: Week 4: Week 5: Week 6:	Results Week 1: Week 2: Week 3: Week 4: Week 5: Week 6:
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Attach other documentation as necessary

Part G - Child Study Team Review

Completed by CST

- ☐ Assessment not appropriate at this time (reason): _____
- ☐ Additional information needed: _____
- ☐ Move forward with an evaluation

_____ Principal's Signature Date	_____ Student Support Team Member Date
_____ Student Support Team Member Date	_____ Student Support Team Member Date
_____ Student Support Team Member Date	_____ DreamCatcher Team Member Date (If applicable)

Part H - Follow-up After Evaluation

Did the student qualify for special education services? ☐ yes ☐ no

If so, what is the primary disability? _____

Secondary? _____

Assigned Case Manager: _____