

STUDENT INFORMATION FORM

Please answer the questions below so that we will be prepared to talk with you regarding student needs at the FOCUS Team meeting.

GENERAL INFORMATION

Student Name: _____ Date of Birth: _____ Grade/ School Year: _____

Person Making Referral: _____

Please note any medical or health concerns for this student: _____

How is the student's attendance this year? POOR AVERAGE GOOD

Current school or agency support services or program(s) currently in place for this student (e.g., counseling, tutoring, etc.):

Area of Need: Please Circle One: Academic Behavior

Statement of Problem:

ACADEMIC/LEARNING ENVIRONMENT INFORMATION

Please attach a copy of current scores for this student. You can use the student report from Alpine, AIMSweb reports, Scantron reports, observations or other classroom reports you may have.

PROBLEM-IDENTIFICATION INFORMATION

Area	What works for the student? What interventions are currently in place?	What does not work for the student? What have you already tried that was unsuccessful?
Instruction	<input type="checkbox"/> Redirect student to task <input type="checkbox"/> Pre-teach skills <input type="checkbox"/> Re-teach the skill in a new way <input type="checkbox"/> Explicit and Direct instruction <input type="checkbox"/> Change group size <input type="checkbox"/> Provide additional instructional time <input type="checkbox"/> Guided repeated practice <input type="checkbox"/> Modeling <input type="checkbox"/> Corrective feedback <input type="checkbox"/> Use of technology in _____ <input type="checkbox"/> Scaffolding <input type="checkbox"/> Differentiated instruction other:	
Curriculum	<input type="checkbox"/> Evidence-based replacement core <input type="checkbox"/> Supplemental evidence-based curriculum <input type="checkbox"/> Study Skills training <input type="checkbox"/> Books on Tape <input type="checkbox"/> Utilize interests other:	
Environment	<input type="checkbox"/> Change seating; close to instruction <input type="checkbox"/> Study carrel <input type="checkbox"/> Use of timer/cues <input type="checkbox"/> Frequent breaks/movement <input type="checkbox"/> Use of planner/organizer <input type="checkbox"/> Use Positive Behavior supports <input type="checkbox"/> Social Skills training <input type="checkbox"/> Conference with student <input type="checkbox"/> Conference with Parent/Guardian other:	

PLEASE CHECK RELEVANT ITEMS AND MAKE COMMENTS:

1. ACADEMIC PERFORMANCE: check or circle appropriate choice

ASSETS:

- Responds to classroom instruction
- Works well in teams
- Motivated to do well in school
- Reports spending time on homework
- Reads for pleasure
- Plans ahead & makes good choices
- Seeks additional assistance
- Has a "B" average or better
- Is goal oriented
- Works well one-on-one
- Is prepared
- Gets along in class with peers
- Maintains organization

CONCERNS:

- Difficulty in accepting mistakes
 - Not responding to classroom strategies
 - Transition difficulty
 - Suspensions from school
 - Change in classroom participation
 - Cheating
 - Deterioration of rapport with teachers
 - In-school absenteeism (skipping class)
 - Withdrawal: separates from others/loners
 - Tardiness to class
 - Preoccupied with school success/compulsive
- Decline in: academic performance quality of work
- In class: daydreaming sleeping
- Work: not handed in inconsistent incomplete

Other: _____

2. INDIVIDUAL/PEER RELATIONSHIPS: check or circle appropriate choice

ASSETS:

- Understands rules and consequences
- Peers model responsible behavior
- Initiates access to resources as needed
- Resists negative peer pressure
- Optimistic about his/her future
- Seeks to resolve conflict in a positive manner
- Involved in music or arts
- Involved in sports or activities in school
- Places high value on helping others
- Acts on pro-social convictions, stands up for self
- Tells the truth even when it is not easy
- Accepts and takes personal responsibility
- Receives support from 3 or more adult non-parents
- Has friends

CONCERNS:

- Disruptive in class
 - Withdrawn
 - Extreme negativity
 - Mood swings
 - Destruction of property
 - Needs frequent discipline
 - Impaired memory
 - Low or flat affect
 - Odd/inappropriate behaviors
 - Makes frequent trips to the bathroom
 - Throws things
 - Associates with suspected drug users
- Talks freely about abuse of: alcohol drug
- Lack of: concentration motivation
- Defiance: breaking rules with authority
- Inattentive: hyperactive nervous
- Obscene: language gestures
- Sudden bursts of: temper crying
- Makes frequent visits to: nurse counselor

Other: _____

Duration of behavior: _____

Frequency of behavior: _____

Is it across multiple settings? _____

Other Comments: _____

Results/Notes from Parent Contact: _____

Date of Contact: _____