



<b>Discipline Information</b> (Attach copies of any behavioral plan or contract)			
Identify the behaviors exhibited by the student (check all that apply)			
Poor attention and concentration		Shifts from one uncompleted task to another	
Often loses things necessary for tasks		Interrupts or intrudes on others	
Excessively high/low activity level		Difficulty working with peers	
Difficulty following directions		Difficulty remaining seated	
Fidgets, squirms or seems restless		Confrontational/assaultive	
Dress code violations		Leaves class without permission	
Brings inappropriate items to school		Other	
In response to these behaviors, what behavior management techniques have been attempted?			
Results of these techniques:			
Has this student been suspended, expelled or removed to DAEP during the previous or current school year?		No	Yes (see below)
If yes, explain and attach copies of <i>all</i> disciplinary referrals (including those that resulted in discipline other than suspension, expulsion, or DAEP), and PEIMS report totaling removal days.			

<b>Early Intervention &amp; Alternative Programs</b> (attach relevant plans or other documentation)			
What types of efforts have been attempted to meet the student's needs? (check all that apply)			
Alternative Learning Setting	Title I	Summer School	Dyslexia
ESL/Bilingual Ed. Program	Tutoring	TAKS remediation	Gifted and Talented
Mentoring	Other		
If the student received assistance from the campus' early intervention team (Response to Intervention Team) please attach plans created for the student and data gathered on student's response.			
List services or programs considered and rejected for this student? Why?			
Has the student ever been special education eligible?		No	Yes, please attach dismissal ARD
Has the student ever been referred to special education?		No	Yes, please attach eligibility ARD

<b>Mitigating Measures</b> (Identify any mitigating measures currently in use by the student or provided for the student's benefit. Check all that apply, describe measure(s) in use)	
	Medication:
	Medical supplies, equipment, or appliances:
	Low-vision devices (which do not include ordinary eyeglasses or contact lenses):
	Prosthetics including limbs and devices:
	Hearing aids and cochlear implants or other implantable hearing devices:
	Mobility devices:
	Oxygen therapy equipment and supplies:
	Assistive technology:
	Reasonable accommodations:
	Auxiliary aids or services
	Learned behavioral or adaptive neurological modifications:

<b>Evaluation Data from State Assessment (TAKS)</b>										
TAKS Latest Administration School Year:			TAKS Previous School Year:			TAKS Previous School Year:				
Subject	Pass? (Y/N)	Scaled Score		Subject	Pass? (Y/N)	Scaled Score		Subject	Pass? (Y/N)	Scaled Score
Reading				Reading				Reading		
Mathematics				Mathematics				Mathematics		
Writing				Writing				Writing		
Science				Science				Science		
Social Studies				Social Studies				Social Studies		
English/LA				English/LA				English/LA		

<b>Over time, this student's test scores: (check the appropriate box)</b>			
have become better each year		have stayed about the same each year	have become worse each year
dropped suddenly in ___ grade		data not available	
<b>Compared to the mean of the district, this student's test scores: (check the appropriate box)</b>			
have become better each year		have stayed about the same each year	have become worse each year
district mean not available			

<b>Health Information</b> Person conduction screening:			
Attach information relating to any doctor's order, diagnoses, or evaluation pertaining to disability (example, medical reports, psychological reports, ADD/ADHD diagnostic information, etc.)			
Does student exhibit any signs of health or medical problems?		No	Yes. If yes, attach observations.
Is there a need for further assessment of referral of a medical problem?		No	Yes (see below)
If further assessment is necessary, please describe what new data is necessary.			
Is student receiving any medication at school?		No	Yes, list medications
Does the student require adaptive equipment or facility adaptation?		No	Yes, attach list of needs
Does the student have a physical or mental impairment that is episodic?		No	Yes
If yes, please describe the condition, when and how often it is active, and its impact on the student when it is active.			
Does the student have a physical or mental impairment that is in remission?		No	Yes
If yes, please describe the condition, when it was active, at what point it went into remission, and its impact on the student when it was active.			

<b>Vision</b> Type of screening: _____		Date of screening _____	
<i>(Vision examination must have been administered within a year from the date of referral)</i>			
Visual acuity before correction:	Right _____	Left _____	
Visual acuity with correction:	Right _____	Left _____	
Interpretation of results:			
Does student exhibit any signs of health or medical problems?	<input type="checkbox"/>	No	<input type="checkbox"/>
			Yes. If yes, attach observations.
Is there a need for further assessment of a medical problem?	<input type="checkbox"/>	No	<input type="checkbox"/>
			Yes (see below)
If further assessment is necessary, please describe what new data is necessary.			
As a result of the screening, is there any indication of a need for further assessment or adjustment?	<input type="checkbox"/>	No	<input type="checkbox"/>
			Yes, please explain.
Has any follow-up treatment been recommended?	<input type="checkbox"/>	No	<input type="checkbox"/>
			Yes, please explain.

<b>Hearing</b> Date of most recent screening: _____	Type of screening: _____
Results:	
Interpretation of results:	
As a result of the screening, is there any indication of a need for further assessment or adjustment?	<input type="checkbox"/>
	No
	<input type="checkbox"/>
	Yes. If yes, explain.
Has any follow-up treatment been recommended?	<input type="checkbox"/>
	No
	<input type="checkbox"/>
	Yes, please explain.