

File Review Order

2020-2021

- ___ 1) Access sheet stapled to front cover of the special education file (SP 300.614)
- ___ 2) Procedural Safeguard Log – completed on SpedTrack dashboard
- ___ 3) IEPs:
 - ___ IEP completed and activated (*with BIP attached, if applicable*)
 - ___ Amendment completed and activated if applicable
 - ___ Notice of Meeting completely filled out with attempts
 - ___ Notice of Action - signed, scanned and uploaded OR Esigned
 - ___ 4 Year Plan and Schedule - HS (scanned and uploaded)
- ___ 4) Evaluations:
 - ___ Evaluation - completed and activated
 - ___ Notice of Meeting completely filled out with attempts
 - ___ Notice of Action with Consent to Test signature - signed, scanned and uploaded OR Esigned
 - ___ Review of Existing Data - completed
 - ___ Notice of Meeting completely filled out with attempts
- ___ 5) Protocol File, include these items:
 - ___ Psychological Reports (also scan and upload that to SpedTrack)
 - ___ All Test Protocols
 - ___ Work Samples
 - ___ Screening notices (clip each evaluation set together)
 - ___ Parent Input Form (pink sheet)
 - ___ Academic Screening/Teacher Input Form
 - ___ Receipt of IEP letter w/ teacher's signatures
- ___ 6) Permanent File – verify that IEP sticker is on the front of this file in the office

Revised 8/24/2020

ACADEMIC SCREENING

Attach Report Card and RTI/SIT Plan

Student Name: _____ Date: _____

Age: _____ Grade: _____ Completed By: _____

Please rate all areas using the following scale:

1. Poor 2. Below Average 3. Average 4. Above Average 5. Excellent

General Intelligence

- ____ Understands abstract concepts
- ____ Demonstrates ability to concentrate and stay focused
- ____ Demonstrates problem solving skills
- ____ Demonstrates average rate of learning
- ____ Demonstrates average processing speed
- ____ Demonstrates average short term memory
- ____ Demonstrates average long term memory/retention of skills

Social/Emotional

- ____ Is able to control making inappropriate comments or unnecessary noises
- ____ Is able to control physical aggression
- ____ Is able to control emotions appropriately
- ____ Interacts appropriately with teachers/authority
- ____ Interacts appropriately with peers (does not agitate or provoke peers)
- ____ Demonstrates courtesy and politeness
- ____ Takes responsibility for his/her mistakes
- ____ Responds appropriately when a suggestion or constructive criticism is given
- ____ Responds appropriately to personal or school problems
- ____ Responds appropriately to stress
- ____ Understands and accepts the consequences of his/her behavior
- ____ Is motivated and interested in school
- ____ Is motivated by rewards at school
- ____ Demonstrates appropriate self-control
- ____ Demonstrates maturity
- ____ Demonstrates emotional control and stability
- ____ Adapts behavior from one situation to another
- ____ Follows school rules
- ____ Has positive attitude toward school
- ____ Adjusts well to change/transitions

Adaptive Behavior

- ____ Demonstrates age appropriate daily living skills (i.e. toileting, feeding skills, etc.)
- ____ Demonstrates age appropriate hygiene skills
- ____ Demonstrates age appropriate navigation skills in their school environment (i.e. can find class, nurse)
- ____ Demonstrates safety awareness
- ____ Follows school routines independently (as appropriate for their age/grade)

Personal Management

- Is organized - has necessary materials, has age appropriate organizational system (in desk, binder, backpack, locker)
- Turns in completed assignments independently
- Is able to start assignments/tasks independently
- Is able to work independently
- Remains on task

Mathematics Calculation

- Can identify numerals
- Can rote count and skip count
- Can count the number of objects in a set and identify greater than or less than
- Knows basic computational symbols (e.g., +, -, x, =, >, etc.)
- Uses correct operational signs when working math problems
- Knows basic addition and subtraction facts
- Knows basic multiplication and division facts
- Performs computations without errors
- Demonstrates knowledge of place value
- Performs calculations involving "regrouping" or "carrying"
- Solves problems involving fractions
- Solves problems involving decimals
- Can follow the sequence of steps in the multi-step computation
- Works math problems in correct order
- Solves problems involving volume
- Can solve expressions involving parentheses, brackets, or braces
- Can use variables to represent numbers in algebraic expressions
- Shows an understanding of absolute value
- Solves problems involving area of triangles, polygons, and quadrilaterals

Mathematics Reasoning

- Understands concepts related to size (e.g., larger, small), sequence (e.g., first, last, before, after), or quantity (equal to, more, less)
- Can apply mathematics to daily situations involving money
- Can apply mathematics to daily situations involving time
- Can apply mathematics to daily situations involving measurement
- Can measure and calculate area and perimeter
- Can solve problems involving estimation or prediction
- Can solve word problems
- Understands and constructs charts, graphs, or tables
- Can generalize mathematical skills from one problem to other types of problems or tasks
- Understands abstract mathematical concepts (e.g., positive/negative values on a number line, set theory, etc.)
- Can judge whether obtained results are reasonable

List any other specific areas in which the child is performing below grade level in math:

Reading Comprehension

- Identifies the main idea of passages that have been read
- Identifies the characters and setting of a story
- Can retell a story that has been read
- Can recall facts or details from a passage that has been read
- Uses context clues to facilitate comprehension when reading
- Can answer who, what, where, when, why questions about a text
- Identifies the author's purpose (e.g., to inform, to persuade, to entertain, etc.) after reading a passage
- Compare and contrast two texts
- Can determine cause-effect relationships within passages
- Draws inferences or conclusions from passages that have been read
- Identifying the theme of a story
- Accurately summarizing a text
- Understands meanings of words when reading
- Provides evidence from a text to support the students answer
- Comprehends figurative language or idioms when reading
- Understands and identifies synonyms and antonyms

Basic Reading Skills

- Can recite the alphabet correctly
- Recognizes and names all upper and lowercase letters upon request
- Knows sound-symbol relationships for all letters
- Can keep place when reading
- Has average sight-word vocabulary in comparison with same age peers
- Uses context clues to assist in word identification
- Demonstrates word identification (decoding) skills (e.g., phonic analysis, structural analysis, etc.)
- Reads at an age appropriate rate

List any other specific areas in which the child is performing below grade level in reading:

Written Expression

- Spells words phonetically based on sound/letter relationships
- Has age appropriate spelling skills
- Uses age appropriate vocabulary
- Student can verbally construct a story with basic details
- Student can state an opinion and provide reasons to support (topic sentence, supporting details, concluding sentence)
- Uses logical organization, sequence, or cohesiveness or ideas when dictating a story
- Exhibits appropriate writing conventions (i.e., spelling, punctuation, capitalization)
- Uses complete sentences when writing
- Uses correct grammatical constructions (e.g., plurals, subject-verb agreement, tense endings, etc.) when writing
- Uses adjectives and adverbs appropriately
- Student can construct an age appropriate opinion piece
- Student can construct an age appropriate informational piece
- Student can construct an age appropriate narrative piece
- Student can construct an age appropriate research project

List any other specific areas in which the child is performing below grade level in writing:

Receptive Language

- Follows directions when given individually or to a group
- Can identify the main idea or topic when listening
- Understands what is said by others in conversations/discussions
- Is able to remain focused when background noise and other sounds are present
- Can discriminate between speech phonemes (sounds)
- Understands common grammatical constructions (e.g., plurals, tense endings, etc.) when listening to others
- Answers questions about grade-level story
- Has an age appropriate receptive vocabulary (Grade 1+)
- Remembers information that was presented orally or discussed in class (Grade 1+)
- Understands sentences with longer or more complex sentence structures (Grade 2+)
- Appears to understand the relationship between information presented verbally in class and information that is acquired through reading or other sources (Grade 3+)

Expressive Language

- Uses speech sounds appropriately
- Exhibits fluent language (no unusual pauses or repetitions, frequent rephrasing of thoughts, poor verbal organization)
- Uses age appropriate vocabulary
- Completes statements or thoughts when speaking
- Can classify items (K+)
- Can ask and answer wh-questions (K+)
- Uses words in the correct order within sentences (Grade 1+)
- Can find proper words to express certain meanings (i.e., word retrieval problems) (Grade 1+)
- Demonstrates correct usage of most grammatical constructions (forms plurals properly, uses correct verb tense forms, subject-verb agreement, and correct pronouns, etc.) (Grade 2+)
- Uses complex sentences (Grade 3+)
- Uses words related to school subjects (Grade 3+)
- Demonstrates appropriate language usage and pragmatics (begins, maintains, and ends conversations; adapts language according to the audience or context, uses language for a variety of purposes—to express personal feelings, to ask questions, to provide information to others, to participate in social relationships, etc.) (Grade 3+)
- Uses some figurative language (Grade 5+)
- Summarize ideas in his own words (Grade 5+)

Previous Interventions (check all that apply)

- Title I Reading (From: _____ to _____)
- Reading Recovery (From: _____ to _____)
- BASE (Grade Levels: _____ Subjects: _____)
- Tutoring (Grade Levels: _____ Subjects: _____)
- MTSS/RtI Plan (From: _____ to _____ Areas addressed: _____)
- School-based counseling services (From: _____ to _____ Provider: _____)

Revised 1/27/20

WILLARD PUBLIC SCHOOLS SPECIAL EDUCATION

405 FARMER ROAD WILLARD, MO 65781

Phone: 417-742-0930

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**FAMILY-HEALTH-DEVELOPMENTAL HISTORY
PARENT INPUT/CONTACT FORM**

For summary of existing data for Initial Evaluation

Dear Parent/Guardian,

Your child has been referred for an evaluation by either district staff or yourself. Your input is needed in order to complete this evaluation. Please include any information that would be helpful to us in understanding your child. Please complete the following information and return it to the school as soon as possible. Also, please provide copies of any reports or evaluations from other sources that may be relevant to the review.

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Sex: _____ Race: _____ DOB: _____ Age: _____ Grade: _____

Email: _____ Social Security#: _____ - _____ - _____ Medicaid #: _____

Teacher: _____ Building: _____

Name of Parent / Legal Guardian: _____

Is student living with legal guardian? Yes No If No, please state address of the student's legal guardian:

FAMILY INFORMATION:

	Name	Employment	Check if living with student
Mother	_____	_____	_____
Stepmother	_____	_____	_____
Father	_____	_____	_____
Stepfather	_____	_____	_____

Other Children in the Family:

Child's Name	Age	Grade	Relation to Student	Check if living at home	Educational Problems	Health Problems

Primary Language Spoken in the Home: _____ Secondary Language Spoken in Home: _____

If primary language is not spoken English, is an interpreter needed? Yes No

STUDENT'S HEALTH HISTORY: (Use reverse side to describe any health conditions or hospitalizations your child has experienced beyond the typical illness of childhood.)

Was birth difficult? _____ Premature? _____ Complicated? _____ Describe any difficulties during pregnancy and birth.

Describe any major illnesses, injuries, or operations. Include incidence of seizures, convulsions, or extremely high temperatures.

Is your child frequently troubled by any of the following: ___ Colds ___ Earache ___ Sore Throat ___ Other: _____

Last Physical examination: Date _____ Physician _____ Results _____

Last Dental examination: Date _____ Dentist _____ Results _____

DEVELOPMENTAL HISTORY:

Age your child: Sat alone _____ Crawled _____ Walked alone _____ Fed self _____

Said first word _____ Said two-word sentence _____ Toilet trained _____

Has your child received health services from an agency such as (please check any/all that apply):

___ Children's Miracle Network ___ Division of Family Services ___ Big Brothers/Sisters Other: _____

Please check if your child has been seen professionally outside of the school for any of the following and list the service provider(s) (i.e., Regional Center, Division of Family Services, etc.).

- ___ Speech Therapy _____
- ___ Language Therapy _____
- ___ Physical Therapy _____
- ___ Occupational Therapy _____
- ___ Private Tutoring _____
- ___ Counseling _____
- ___ Other - describe: _____

CURRENT MEDICAL/HEALTH STATUS:

Does your child have any of the following:

YES	NO		Medication (if prescribed)
_____	_____	Seizure Disorder: Petit Mal Grand Mal Dr. _____	_____
_____	_____	Allergies: Asthma, hay Fever, Food, Immunizations, Drugs, Insect Stings	_____
_____	_____	Vision Acuity Problems: Describe _____	_____
_____	_____	Hearing Acuity Problems: Describe _____	_____
_____	_____	Cerebral Palsy: Spastic Athetoid Mixes Hemiparesis Paraparesis Quadraparesis Mild Moderate Severe	_____
_____	_____	Cleft Palate: Surgically Repaired, Surgically Partially Repaired	_____
_____	_____	Tongue Tied (Ankyloglossia): Surgically Repaired, Not Repaired	_____
_____	_____	Circle: Heart Disease Diabetes Kidney Disease Arthritis Cancer	_____
_____	_____	Hemophilia Muscular Dystrophy Scoliosis Cystic Fibrosis	_____
_____	_____	ADD ADHD: Describe _____	_____
_____	_____	Special Procedures: Describe _____	_____
_____	_____	Dietary Concerns: Describe _____	_____
_____	_____	Other: Describe _____	_____

STUDENT'S EDUCATIONAL HISTORY:

Did your child participate in Parents As Teachers? ___ Yes ___ No Early Childhood Special Education? ___ Yes ___ No

Preschools attended and date of attendance:

School(s) attended and date/grade of attendance:

Has your child ever been retained? Yes No If Yes, what grade level was repeated? _____

CURRENT CONDITIONS, DEVELOPMENTAL AND PARENTAL CONCERNS:

Please summarize from your point of view the difficulties your child is experiencing in the school setting. List your concerns or check under "None" if you have no concerns.

AREA	PLEASE TELL US ABOUT YOUR CHILD IN EACH AREA
GENERAL HEALTH <i>(Describe current health status. Past, Current, or Chronic diagnoses – include date of diagnosis and doctor's name)</i>	
GROSS MOTOR SKILLS <i>(walking, running, climbing stairs, skipping, catching/throwing, kicking, biking, etc.)</i>	
FINE MOTOR SKILLS <i>(handwriting, cutting, fastening fasteners, tying shoes)</i>	
VISION <i>(Has child's vision been screened? Results? Specify if student wears glasses)</i>	
HEARING <i>(Has your child's hearing been tested? By whom? Results? Frequent ear infections? Family history of hearing problems?)</i>	
COMMUNICATION – SPEECH <i>(How well do you understand your child? Do strangers easily understand him/her? Specific concerns)</i>	
COMMUNICATION – LANGUAGE <i>(Does your child understand and follow directions? Is he/she learning new vocabulary at a steady rate? Does he/she use words or sentences to ask for things, ask questions, and comment on things?)</i>	
SOCIAL/EMOTIONAL <i>(How does your child interact with family members, other children, teachers, other adults? Helps others? General temperament?)</i>	
GENERAL INTELLIGENCE <i>(Does your child show an interest in and ability to learn new things quickly? What kinds of activities does your child enjoy? Does he/she enjoy playing/working cooperatively with others? Adequate attention span?)</i>	
ADAPTIVE BEHAVIOR <i>(dressing, eating, grooming, toileting)</i>	
ACADEMIC <i>(Concerns in Reading, Math, Writing?)</i>	

TRANSITION <i>(K-8: study skills, organization, daily life skills, communication experiences 9-12: what are your post-secondary goals for your student?)</i>	
ASSISTIVE TECHNOLOGY <i>(Does your child use or need assistive technology or adaptive equipment in order to care of his/her own needs or to interact with others?)</i>	
OTHER <i>(Please provide any additional information you would like to share)</i>	

Person completing form: _____ Date: _____

Relationship to student: _____ Biological Mother _____ Stepmother _____ Adoptive _____ Grandparent(s)
_____ Biological Father _____ Stepfather _____ Foster _____ Other (specify)

SPEECH-LANGUAGE-HEARING SCREENING RESULTS

STUDENT: _____ GRADE: _____ TEACHER: _____

SCREENER: _____ DATE DISTRIBUTED: _____ DUE DATE: _____ SCREENING DATE: _____

SPEECH/LANGUAGE SCREENING INSTRUMENT: _____

ARTICULATION

_____ PASS-NO ERRORS EXHIBITED

_____ PASS-ERRORS EXHIBITED APPEAR DEVELOPMENTALLY APPROPRIATE

(SPECIFY _____)

_____ FAIL-ERRORS EXHIBITED (SPECIFY _____)

LANGUAGE

_____ PASS-LANGUAGE FUNCTIONING APPEARS WITHIN NORMAL LIMITS

_____ PASS-LANGUAGE FUNCTIONING APPEARS COMMENSURATE WITH THE
FUNCTIONING LEVEL OF THE STUDENT

_____ FAIL-LANGUAGE CONCERNS EXHIBITED (SPECIFY _____)

VOICE

_____ PASS-WITHIN NORMAL LIMITS

_____ FAIL-VOCAL QUALITY OUTSIDE NORMAL LIMITS (SPECIFY _____)

FLUENCY

_____ PASS-WITHIN NORMAL LIMITS

_____ FAIL-ERRORS EXHIBITED (SPECIFY _____)

HEARING

INSTRUMENT: AUDIOMETER

_____ PASS RIGHT AND LEFT 25dB ACROSS Hz (500, 1000, 2000, 4000)

_____ FAIL-(SPECIFY _____)

TESTS TO BE ADMINISTERED: _____

Vision / Health Screen

Date Distributed _____ Date Due _____
 Student Name _____
 Teacher _____
 To _____ From _____
 Date of Screening _____ Instrument: Plusoptix

- Student has not been prescribed glasses.
 - Student has been prescribed glasses.
 - Glasses worn for this screening.
 - Glasses NOT worn for this screening.
- Reason for not wearing glasses:

Pass Refer

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Anisometropia / Unequal Refractive Power |
| <input type="checkbox"/> | <input type="checkbox"/> | Astigmatism / Blurred Vision |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperopia / Farsightedness |
| <input type="checkbox"/> | <input type="checkbox"/> | Myopia / Nearsightedness |
| <input type="checkbox"/> | <input type="checkbox"/> | Strabismus / Amblyopia / Lazy Eye |
| <input type="checkbox"/> | <input type="checkbox"/> | Anisocoria / Unequal Pupil Size |

Medical Conditions:

Medications:

Vision / Health Screen

Date Distributed _____ Date Due _____
 Student Name _____
 Teacher _____
 To _____ From _____
 Date of Screening _____ Instrument: Snellen/Instaline

- Student has not been prescribed glasses.
 - Student has been prescribed glasses.
 - Glasses worn for this screening.
 - Glasses NOT worn for this screening.
- Reason for not wearing glasses:

Near Vision:

Right Eye _____

Left Eye _____

Pass Fail

Far Vision:

Right Eye _____

Left Eye _____

Pass Fail

Medical Conditions:

Medications:

