

**John Glenn School Corporation  
Special Education Department**

**OFFICE  
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**RECORD REVIEW FOR POSSIBLE SPECIAL EDUCATION EVALUATION**

**Date(s) Completed:** \_\_\_\_\_

**Student's STN#:** \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ BD \_\_\_\_\_ CA \_\_\_\_\_ SEX \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ (K AM \_\_\_ OR PM \_\_\_) TEACHER \_\_\_\_\_

CHECK ONE: Parent Referral \_\_\_\_\_ Teacher/Counselor Referral \_\_\_\_\_ Other \_\_\_\_\_

CORP. OF ATTEND. \_\_\_\_\_ CORP. OF RESIDENCE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ETHNIC BACKGROUND (circle one): American Indian or Native Alaskan; Asian or Pacific Islander; Hispanic; Black American;  
White (non-Hispanic); or Multiracial

**GENERAL REVIEW OF STUDENT INFORMATION TO CONSIDER EVALUATION**

**SCHOOL HISTORY**

List where the student has attended school (use another paper/attach if more space is needed)

Name of School and Address:	Dates Attended:

Indicate the Attendance Records for the last three years (use another paper/attach if more space is needed)

Year	Grade	Absences/General Reason(s)	Tardies

Did the child attend an early childhood program? YES NO If yes, indicate when, where, and for how long.

Did the child attend any other at-risk preschool programs? YES NO If yes, list program and dates.

Was the child in an at-risk kindergarten program? YES NO If yes, describe the program and location.

Has the student ever been retained? YES NO If yes, list when. \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

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**MEDICAL AND PHYSICAL INFORMATION**

Medication	Dosage	When taken	Reason	Side Effects Noted

Has the student received any outside educational or medical evaluations?      YES      NO

If the answer is yes, list below the agencies performing the evaluation, why and dates of evaluation.

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. .  
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Other Physical or Health Factors known about the student: \_\_\_\_\_

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Other pertinent information about the student to consider: \_\_\_\_\_

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Last vision screening date: \_\_\_\_\_ Pass or Fail (circle one)

Last hearing screening date: \_\_\_\_\_ Pass or Fail (circle one)

Is there a 504 Plan currently in place for the student? YES      NO      If yes, attach copy of the plan.

How long has the plan been in place? \_\_\_\_\_

Is the parent aware of the plan and when informed? \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

INTERVENTIONIST  
PAGE**SERVICES PROVIDED BY THE SCHOOL**

List any school services the child **has received in the past** (i.e. Title Reading, ELL or ESL, social work/counseling, summer school). Include the length of time (years and frequency). Use another paper/attach if more space is needed.

Year	Grade	Type of Services	Frequency

**STATE AND LOCAL ASSESSMENTS**

Complete the chart for each assessment the student has participated in; giving the date, and score. (use the another paper if more space is needed)

Assessment Name	Date(s)	Scores

List the research-based interventions (**any current tiered intervention the child participates in**) to assist the student with learning or behavioral concerns. Provide specific information about each intervention and use another paper if needed.

Intervention (give details)	Length (dates) & Frequency (how often)	Outcome or Progress Noted

Is there a history of school performance that indicates low achievement across academic areas and problems in adaptive behavior?  
YES NO If yes list the specific areas and difficulties : \_\_\_\_\_

STUDENT'S NAME\_\_\_\_\_

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**List any classroom accommodations** that have been provided to the student this year. Be specific details and use another paper if needed.

Accommodation	Length (dates) and Frequency (tell how often provided)	Outcome

### **SOCIAL / ATTENTIONAL / BEHAVIORAL INFORMATION**

Does the student display behaviors indicating attention problems? YES NO

Is the child able to attend to classroom lessons? YES NO

Is the child able to attend to individual classroom tasks? YES NO

Are there any behavior interventions in place? YES NO

Has a Functional Behavior Assessment (FBA) been completed? YES NO

Is there a Behavior Intervention Plan (BIP) in place? YES NO

If your response indicates problematic behavior, please explain:

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.  
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Also attach copies of any FBA, BIP or behavior charts developed for the student

### **OUTSIDE SERVICES**

List any outside tutoring, social work services, therapy, etc. the student has received

Dates	Provider	Address	Type of Service (Be Specific)

STUDENT'S NAME \_\_\_\_\_

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### ACADEMIC INFORMATION

Provide information about the current academic programs being used with the curriculum. List the name of the program(s) and indicate how it addresses each of the standard components for the area. (use another paper if more space is needed)

English/Language Arts (K-12)			
Program/Curriculum:		Current Grade:	
Component:	Performs at or above grade level:	Yes	No
Phonemic Awareness (K-3)			
Phonics (K-3)			
Vocabulary (K-12)			
Reading Comprehension (K-12)			
Fluency (K-12)			

Written Expression (K-12)			
Program/Curriculum:		Current Grade:	
Component:	Performs at or above grade level:	Yes	No
Writing Process			
Writing Applications			
English Language Conventions			
Listening and Speaking Skills, Strategies, and Applications			

Mathematics (K-8)			
Program/Curriculum:		Current Grade:	
Component:	Performs at or above grade level:	Yes	No
Number Sense			
Computation			
Geometry			
Measurement			
Data Analysis and Probability			
Problem Solving			

**Mathematics (High School)**

<b>Program/Curriculum:</b>		<b>Current Grade:</b>	
Component:	Performs at or above grade level:	Yes	No
Mathematical Reasoning and Problem Solving			
Equations and Inequalities			
Relations and Functions			
Logarithmic and Exponential Functions			
Sequences and Series			
Geometry			
Trigonometry			
Calculus			
Probability and Statistics			
Discrete Mathematics			

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**DETERMINATION FROM REVIEW OF RECORDS**

The school has completed a review of the student's records as indicated above. From this review the schools members below agree to:

(Check One Circle)

- ☐ Complete an educational evaluation within (Check appropriate box):
- ☐ 50 school days from the date the school receives the signed Consent Form (obtain from IIEP)  
(there were no documented interventions)
- ☐ 20 school days from the date the school receives the signed Consent Form (obtain from IIEP)  
(there were documented interventions)
- ☐ Decline to conduct an educational evaluation (obtain from IIEP)

Counselor or Student's Teacher (circle one): \_\_\_\_\_

Signature Date

Building Principal Signature Date Diagnostic Staff Signature Date