

DATA SHEET

Student: _____ School: _____ Grade: _____
Last First MI

Guidance Counselor: _____ ELL: [] Yes [] No Gender: [] Male [] Female Race/Ethnicity: _____

DOB: _____ Phone: _____
Home Mom Work Dad Work

Parent/Guardian: _____ Address: _____

TEACHER OBSERVATIONS – For each area: Rate the student in comparison to classmates using scale from 1 to 5.

(In lowest 10% - use 1; Below average – use 2; Average – use 3; Above average – use 4; In highest 10% - use 5)

- Completes Assignments Motivation & Effort Gross Motor Coordination Fine Motor Coordination Follows Directions Written Language Skills Functions Independently
Speech Spoken Language Skills Sensitive to Social Cues Displays Feelings Appropriate to Situation Can Concentrate/Attend in Class
Relates Well with Adults Generally Appears Healthy Normal Energy Level Is Reality Oriented Follows Rules & Structure Relates Well with Peers Arrives on Time for Class
Attends School Regularly Age Appropriate Self-Help Skills Basic Reading Skills Basic Math Skills Reading Comprehension Skills

DOCUMENT ATTEMPTS TO MEET NEEDS WITHIN THE REGULAR PROGRAM – Indicate below the strategies/interventions used over a reasonable period of time in response to this student’s problem(s). (RTI requires 6-8 weeks.)

- Alternative reading materials Provide study sheets to review and drill Flexible small groups Read with student 1-1 with teacher/assistant Increase use of manipulatives
Help from parent/volunteer tutor Alternative math materials Increase repetition and drill Skill-based learning groups Increase positive reinforcement Break assignments into small steps
Frequent checks by teacher Provide rewards for task completion Enlist parent support Instructional Software: Other:

DESCRIBE TIER I STRATEGIES CHECKED ABOVE OR OTHER STRATEGIES IMPLEMENTED

Table with 2 columns: Programs/Materials, Implementation Dates

ASSESSMENT DATA – Include recent test/quiz grades)

Table with 3 columns: Date, Assessment, Results

DOCUMENTATION/WORK SAMPLES THAT DEMONSTRATES AREA OF CONCERN – Please attach.

Additional Information: _____

Parental Involvement: _____

LACK OF MOTIVATION – Students should not be classified as having a learning disability if failure to progress automatically is due to an absence of motivation. To help clarify if motivational issues are the primary cause of the student’s academic deficits, please address the following questions:

- Does the student want to succeed in school? [] Yes [] No
Does the student seek assistance from teachers, peers, others? [] Yes [] No
Does the parent report efforts made at home to complete homework or study assignments? [] Yes [] No
Is the student making an effort to learn? [] Yes [] No
Are student’s test scores consistent with the student’s grade? [] Yes [] No

BEHAVIOR/SOCIAL/EMOTIONAL ISSUES – Complete social/emotional checklist (Form C), if area of concern.