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| New 3/08 | **Southern Minnesota Special Education Consortium:**  **Total Special Education System Manual Documentation** |
| Learner Performance Review Form | |

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Public Schools** | 4E.3--Use this form for learners who are experiencing difficulty in school and may require additional help and support. |

**Part A - Learner Information**

Learner's Legal Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_\_\_\_

Learner's Home Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_

(if home language is other than English, attach a copy of the 'Home Language Questionnaire' from the cumulative folder.)

Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Zip

**Part B - Referral Initiation Information**

Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Initiated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Parent Notified of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Letter \_\_\_\_\_\_ Conference \_\_\_\_\_\_ Phone Call

**Part C - Background Information**

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| Area of Concern (Please list in order of severity) | What do you want the student to do? |
| Examples: • Can’t work independently • Doesn’t complete homework • Can’t read • Doesn’t understand what they read |  |

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| ***Academic Performance*** | | | | | | | | | | | | | |
| 2 Grade levels below | 1 grade level below | | Grade Level | | 1 Grade Level above | | N/A | |  | | If #1 or #2 is circled for any statement, please elaborate on areas of concern | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Knows letters and sounds | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Has an adequate sight vocabulary | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Uses context to decode | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Has adequate phonetic analysis skills | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Reads orally within the range of peer group | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Understands what they read silently | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Uses and understands basic math facts | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Uses age appropriate math applications | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Applies math skills to problem-solving | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Uses capitalization, punctuation and spelling appropriately | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Writes complete sentences | |  | | |
| 1 | 2 | | 3 | | 4 | | 5 | | Communicates ideas in written form | |  | | |
| ***Intellectual Functioning*** | | | | | | | | | | | | | |
| 2 Grade levels below | | 1 grade level below | | Grade Level | | 1 Grade Level above | | N/A | |  | | If #1 or #2 is circled for any statement, please elaborate on areas of concern | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Retains taught and mastered concepts over time | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Learns at same rate as peers | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Knows age-appropriate factual information | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Applies learned skills and concepts to new tasks | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Remembers personal data (i.e., address, phone number) | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Adjusts to changes in working conditions (different room) | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Knows classroom routine and schedule | |  | |
| ***Communicative Status*** | | | | | | | | | | | | | |
| 2 Grade levels below | | 1 grade level below | | Grade Level | | 1 Grade Level above | | N/A | |  | | If #1 or #2 is circled for any statement, please elaborate on areas of concern | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Uses intelligible speech | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Speaks fluently (without stuttering) | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Uses appropriate voice quality | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Understands meanings of isolated words | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Uses complete and grammatically correct sentences | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Asks for help or clarification | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Tells a story or describes an event/experience in sequence | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Responds appropriately to content area questions | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Follows discussions or offers related comments | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Follows written and oral instructions | | |  |
| 1 | | 2 | | 3 | | 4 | | 5 | | Communicates with peers and adults in native language | | |  |
| ***Motor Ability*** | | | | | | | | | | | | | |
| 2 Grade levels below | | 1 grade level below | | Grade Level | | 1 Grade Level above | | N/A | |  | | If #1 or #2 is circled for any statement, please elaborate on areas of concern | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Demonstrates age appropriate gross motor skills | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Writes legibly | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Copies from chalkboard to paper | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Age-appropriate ability to hold pencil, use scissors, etc. | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Recognizes shapes, letters, and numbers | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Writes letters/numerals correctly | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Participates in school recreational sports and activities | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Functions without adaptive equipment | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Able to sit and remain seated to finish a writing task | |  | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
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| ***Emotional and Social Development*** | | | | | | | | | | | | | |
| 2 Grade levels below | | 1 grade level below | | Grade Level | | 1 Grade Level above | | N/A | |  | | If #1 or #2 is circled for any statement, please elaborate on areas of concern | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Able to make and keep friends | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Able to compromise | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Accepts the consequences of own behavior | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Acts in a socially acceptable manner | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Able to make age-appropriate choices | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Expresses emotions appropriately | |  | |
| 1 | | 2 | | 3 | | 4 | | 5 | | Interacts appropriately with others | |  | |

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| ***Behavior Skills*** | | | | | | | |
| 2 Grade levels below | 1 grade level below | | Grade Level | 1 Grade Level above | N/A |  | If #1 or #2 is circled for any statement, please elaborate on areas of concern |
| 1 | | 2 | 3 | 4 | 5 | Usually on time and prepared |  |
| 1 | | 2 | 3 | 4 | 5 | Demonstrates age-appropriate impulse control |  |
| 1 | | 2 | 3 | 4 | 5 | Demonstrates the ability to stay “on task” |  |
| 1 | | 2 | 3 | 4 | 5 | Respects the property/space of others |  |
| 1 | | 2 | 3 | 4 | 5 | Uses language acceptable to the situation |  |
| 1 | | 2 | 3 | 4 | 5 | Manages/completes classroom tasks within timelines |  |
| 1 | | 2 | 3 | 4 | 5 | Works/studies unsupervised |  |
| 1 | | 2 | 3 | 4 | 5 | Exhibits age appropriate activity level |  |
| 1 | | 2 | 3 | 4 | 5 | Follows school rules and teacher requests |  |
| 1 | | 2 | 3 | 4 | 5 | Has been suspended for use of alcohol or other drugs |  |

**Part D - Current Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Cumulative Folder Review** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is There a History of/grade** | | | | | | | | | | | **NWEA (RIT Scores)** | | | | | | | | | | | |  | | | | | | **Oral Reading Fluency** | | | | | | | | | |
|  | | Special Education | |  | |  | | | | | Fall | | | | | | | Spring | | | |  | |  | | | | | Fall | | | Winter | | | Spring |
|  | | Attendance Concerns | |  | | Reading | | | | |  | | | | | | |  | | | |  | Correct WPM | | | | | |  | | |  | | |  |
|  | | Title One | |  | | Math | | | | |  | | | | | | |  | | | |  | |  | | | | | | | | |  | | |  | | |
|  | | ELL/Bilingual Services | | |  | | Writing | | | |  | | | | | | |  | | | |  | | | | |  | | | | **BST/MCA II** | | | | |  | | | | | |
|  | | Retention | |  | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | Date | | | | Score | | |  | | | |
|  | | Behavior Concerns | |  | | | | |  | | | | |  | | |  | | | |  | | | | | Reading | | | |  | | | |  | | |  | | | |
|  | | | 7/8 gr. Study Skills |  | | | |  | | | | |  | | |  | | | |  | | | | | Math | | | | |  | | | |  | | |  | | |
|  | 504 | | |  | | | | |  | | |  | | |  | | | |  | | | | | Writing | | | | | |  | | | |  | | |  | |

Attach the previous quarter grades, relevant attendance and behavioral/office referrals.

**Date of last Hearing and Vision screening:**  \_\_\_\_\_\_\_ Did they Pass or Fail either. Please describe in the comment box below.

**Health Review**

**Medical Diagnosis (if any):**

**Dr. Name (if diagnosis is listed):**

**Location of clinic/hospital (if diagnosis is listed):**

**Additional Comments:**

**Is There a History of:**

\_\_\_\_\_ Visual Concerns

\_\_\_\_\_ Hearing Concerns

\_\_\_\_\_ Medications

\_\_\_\_\_ Other Health Concerns

\_\_\_\_\_ Possible Chemical

Health Concern

**Part E - Interventions Attempted**

(This section is not needed for a referral for articulation, stuttering, voice, or in the case of a hearing impairment, visual impairment, or physical impairment.) State Board of Education Standards and Procedures require that, before pursuing evaluation for special education placement, a minimum of two interventions related to the primary concern be completed. Interventions should be individualized for the learner, last a minimum of three weeks, and cannot run simultaneously.

|  |  |
| --- | --- |
| ***1st Intervention Related to Primary Concern*** | ***2nd Intervention Related to Primary Concern*** |
| Date Begun \_\_\_\_\_\_\_\_ Date Ended\_\_\_\_\_\_\_\_\_\_ | Date Begun \_\_\_\_\_\_\_\_\_ Date Ended\_\_\_\_\_\_\_\_\_ |
| Plan | Plan |
| Setting | Setting |
| Results | Results |

**Part F - Student Support Team’s Review**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 🞎 | Assessment not appropriate at this time (Reason): | | | | | | | | | | |  | | | | | | | | | | |
| 🞎 | Additional information needed: | | | | | |  | | | | | | | | | | | | | | | |
| 🞎 | Assess in the following areas: | | | | | |  |  | | | | | | |  |  | | | | | | |
|  | | | 🞎 | Academic | 🞎 | Communication | | | | | 🞎 | | Sensory Status | | | | 🞎 | Emotional/Social Development | | | | |
|  | | | 🞎 | Intellectual | 🞎 | Learner Behavior | | | | | 🞎 | | Functional Skills | | | |  |  | | | | |
|  | | | 🞎 | Motor | 🞎 | Health/Physical Status | | | | | 🞎 | | Vocational/Occupational Potential | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  |  | | |
| *Principal’s Signature* | | | | | | | | | | | | | | | | | | |  | *Date* | | |
| *Student Support Team Member’s Signature* | | | | | | | | |  | *Date* | | |  | *Student Support Team Member’s Signature* | | | | | | |  | *Date* |
| *Student Support Team Member’s Signature* | | | | | | | | |  | *Date* | | |  | *Student Support Team Member’s Signature* | | | | | | |  | *Date* |
| *Student Support Team Member’s Signature* | | | | | | | | |  | *Date* | | |  | *Student Support Team Member’s Signature* | | | | | | |  | *Date* |
| *Student Support Team Member’s Signature* | | | | | | | | |  | *Date* | | |  | *Student Support Team Member’s Signature* | | | | | | |  | *Date* |