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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.

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| ***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* |