

## STUDENT RECORD REVIEW

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ # Years in School District \_\_\_\_\_

IEP  yes  no      504 Plan  yes  no      LEP  no  yes language: \_\_\_\_\_

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- I. Current Concern: (check as apply)
- |  |   |
|--|---|
| <input type="checkbox"/> excessive absences          | <input type="checkbox"/> at risk; potential for dropping out        |
| <input type="checkbox"/> consideration for expulsion | <input type="checkbox"/> consideration for retention                |
| <input type="checkbox"/> physical injury             | <input type="checkbox"/> pattern of not benefiting from instruction |
| <input type="checkbox"/> chronic health condition    | <input type="checkbox"/> pattern of suspensions from school         |
| <input type="checkbox"/> substance abuse             | <input type="checkbox"/> other _____                                |

- II. Attendance: Identify number of days absent at each grade level:  
\_\_\_\_1st\_\_\_\_2nd\_\_\_\_3rd\_\_\_\_4th\_\_\_\_5th\_\_\_\_6th\_\_\_\_7th\_\_\_\_8th\_\_\_\_9th\_\_\_\_10th\_\_\_\_11th\_\_\_\_12th
- Identify any absence patterns: \_\_\_\_\_
- Grades repeated (indicate # of times): \_\_\_\_\_

- III. Attach copies of district wide test results for past three years. Describe any significant changes in scores over time. \_\_\_\_\_

- IV. Attach current and previous year's grades. Discuss any patterns or evident problems: \_\_\_\_\_

- V. Are there any comprehensive educational/psychological evaluations available?  No  Yes  
If yes, were services recommended: \_\_\_\_\_ Describe any services provided: \_\_\_\_\_

- VI. Attach disciplinary actions for current year. Describe any patterns: \_\_\_\_\_
- |                                     |                     |                  |
|-------------------------------------|---------------------|------------------|
|                                     | <u>current year</u> | <u>last year</u> |
| # days in-school alternate program: | _____               | _____            |
| # days suspended:                   | _____               | _____            |

- VII. Discuss student involvement with other agencies (state agencies, medical, counseling, courts) \_\_\_\_\_

- VIII. Have any health factors been identified which may contribute to student's school problems?  
 No  Yes Describe: \_\_\_\_\_

- IX. Are there references to substance abuse?  No  Yes Explain: \_\_\_\_\_

- X. List and give dates of any past modifications in instruction or behavior management (e.g., tutoring, Title I; instructional modifications; 504 Plan; IEP): \_\_\_\_\_

- XI. Anticipated Action at this time: \_\_\_\_\_

Person Conducting this Review: \_\_\_\_\_ Date this Review Completed: \_\_\_\_\_