

LASALLE/PUTNAM COUNTY EDUCATIONAL ALLIANCE FOR SPECIAL EDUCATION
1009 Boyce Memorial Drive Ottawa, IL 61350
PHONE/TDD: 815-433-6433 / FAX: 815-433-6164

{ } Initial Person Responsible _____
{ } Re-evaluation Title _____

IDENTIFYING INFORMATION

Student Name _____ DOB _____ Age _____

Student's Address _____ Phone _____

Resident District _____ Attendance Center _____ Grade _____

Parent/Guardian Name _____

REFERRAL INFORMATION

Referral date _____ Projected MDC date _____

Reason for referral _____

REVIEW OF ACADEMIC HISTORY AND CURRENT EDUCATIONAL FUNCTIONING

I. ACADEMIC HISTORY

A. Schools Attended

B. Attendance

Days absent to date (current year) _____

Days absent last school year _____

C. Previous Grade Record (past school year)

Subjects	Grade
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D. Other relevant grade/attendance information (older than 1 year)

E. Results of previous standardized tests (ie. SRA, Iowa Basics, etc.)

(over)

II. SUMMARY OF ACADEMIC FUNCTIONING

Signature/Title _____

Date _____

Current educational functioning reports are attached.

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Student Name_____

Completed by_____

Subject Area/Grade_____

I. CURRENT EDUCATIONAL FUNCTIONING

A. Current Grades

B. Student regularly completes assignments? ____Y ____N
Comments:

C. Interacts appropriately with classmates? ____Y ____N
Comments:

D. Interacts appropriately with teacher (authority figures)? ____Y ____N

E. Areas of strength:

F. Areas of weakness:

II. INTERVENTIONS

A. Enrolled in specialized services? (ie. Chapter I, Speech, Social Work, Tutoring, low track classes, counseling, etc.) ____Y ____N

If Yes, explain.

(over)

B. Academic modifications attempted? ____Y ____N

(check all that apply)

____ Adjusted assignments

____ Adjusted materials

____ Altered grading system

____ Peer tutoring

____ Other _____

Explain:

B. Behavioral interventions attempted? ____Y ____N

(check all that apply)

____ Specific positive reinforcement

____ Specific ignoring of problematic behavior

____ Environment changes (ie. more desk)

____ Point System

____ Specific contracting

____ Therapeutic Removal

____ Parent Contact

____ Principal Intervention

Explain:

III. Summary Remarks

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ASSESSMENT OF CHILD'S LEARNING ENVIRONMENT

I. LEARNING SETTING

A. Classroom: _____ self contained
_____ team teaching
_____ other _____

B. Number of students in classroom: _____

	Amount of time
C. Other adults in classroom _____ Aide	_____
_____ Volunteer	_____
_____ Other	_____

D. Classroom seating arrangement _____ tables
_____ rows
_____ clusters

student – X
teacher – []

E. Student has all necessary supplies _____ Y _____ N (if "No", list)

F. Comments regarding learning setting:

(over)

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EDUCATIONAL EVALUATION OF LEARNING PROCESSES AND ACHIEVEMENT

I. ACHIEVEMENT

Tests

Results

II. EDUCATIONAL EVALUATION OF LEARNING PROCESSES

How are the test results/observations related to:

A. Input

1. How does the student learn most effectively?

Visual _____ Auditory _____ Kinesthetic _____ Mixed
Modality _____

B. Activity or Processing

1. How well does the student concentrate (remain on assigned task)?

(over)

2. How well does the student organize information?

Rank the following by circling the corresponding number with:
#1 being = "Performs well" #5 = Performs poorly"

3. How does the student learn most effectively?

Large group	1 2 3 4 5	Individual	1 2 3 4 5
Small group	1 2 3 4 5	Selected Peer	1 2 3 4 5

Comments:

4. The student understands concrete concepts 1 2 3 4 5
The student deals well with abstract concepts 1 2 3 4 5

Comments:

5. How well does the child retain information?

Long term memory 1 2 3 4 5 Short term memory 1 2 3 4 5

Comments:

C. Output

1. How does the student best express him/her self?

a) orally _____ b) in written form _____ c) by demonstrating _____

2. Are there weaknesses in visual-motor skills?

3. What is the usual pace of the student's performance?

Rank 1 – 5 1=very fast 5=very slow

a) supervised situations _____

b) unsupervised situations _____

III. MDC SUMMARY

Signature/Title _____

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INTERVIEW WITH CHILD

I. CHILD/STUDENT'S PERCEPTIONS RELATING TO REFERRAL ISSUE(S)

II. MDC SUMMARY

Signature/Title _____
Date _____

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CLASSROOM OBSERVATION FOR LD CONSIDERATION

III. STUDENT'S PHYSICAL CHARACTERISTICS

- A. Behaviors indicating hearing problems:
- B. Behaviors indicating vision problems:
- C. Speech:
- D. Handedness:

IV. STUDENT'S INTERACTIVE CHARACTERISTICS

- A. Cooperative _____
- B. Competitive _____
- C. Non-sharing _____
- D. Apprehensive _____
- E. Aggressive _____
- F. Aloof/Withdrawn _____
- G. Attention seeking (peers) _____
- H. Attention seeking (teacher) _____
- I. Seeks reassurance _____
- J. Independent in work, play _____
- K. Initiates interactions with others _____
- L. High activity level _____

V. STUDENT'S STUDY CHARACTERISTICS

- A. Attends well _____
- B. Easily distracted/Off task _____
- C. Daydreams _____
- D. Volunteers _____
- E. Appears puzzled _____
- F. Responds when called upon _____
- G. Works with group towards goal _____
- H. Lacks confidence _____

**MDC SUMMARY – RELEVANT BEHAVIORS NOTED DURING OBSERVATIONS FOR SPECIFIC LEARNING
DISABILITY DETERMINATION (for III-A.4)**

Signature/Title _____
Date _____

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PARENT CONSULTATION

I. PARENT/GUARDIAN'S PERCEPTION RELATING TO REFERRAL ISSUE(S)

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**VISION/HEARING SCREENING and
MEDICAL HISTORY and HEALTH STATUS**

I. VISION/HEARING SCREENING

	Screening Date	Screened by	Pass	Fail
A. Vision	_____	_____	_____	_____
B. Hearing	_____	_____	_____	_____

Comments:

PLEASE NOTE:

The L.E.A.S.E. office recommends that the Vision and Hearing Screening and Medical History and Health Status component of the Case Study be completed prior to any formal assessment of the child's abilities.

(over)

II. MEDICAL HISTORY AND CURRENT HEALTH STATUS

___ Immunizations Up to Date

___ Is taking Medication

___ Has Medical Restrictions

___ Needs Physical Adaptations (ie. glasses, hearing aid, etc.)

___ Has Other Health Concerns

Comments/Explanations

Please attach any medical reports.

III. MDC SUMMARY

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SOCIAL DEVELOPMENTAL STUDY

I. FAMILY/SOCIAL CULTURAL DATA

A. Current living situation (Describe student's current living situation and mode of communication.)

B. Agencies involved with the family

C. Family medical history

D. Significant family events/cultural influences

(over)

II. DEVELOPMENTAL/HEALTH HISTORY

A. Birth/Developmental History

B. Student's Health History

III. PRESENTING PROBLEM/ISSUE

A. Parent/guardian view

B. Student view

C. School view

IV. SUMMARY OF ADAPTIVE BEHAVIOR (Indicate formal or informal scale used)

A. Family View

B. School view

C. Child interview

D. Classroom observation

V. RECOMMENDATIONS/CONCLUSIONS

SCHOOL SOCIAL WORKER _____ DATE _____

CASE STUDY RE-EVALUATION

Component _____

Student's Name _____

Date _____ **Person Responsible/Title** _____

Reason for Re-evaluation _____

Summary: _____

.....

Date _____ **Person Responsible/Title** _____

Reason for Re-evaluation _____

Summary: _____

.....

Date _____ **Person Responsible/Title** _____

Reason for Re-evaluation _____

Summary: _____

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