

Step 1: Student Study Team Preliminary Worksheet-Elementary

Student _____ Grade _____ DOB _____ Date _____ School _____

Classroom Teacher _____ Primary language of home _____ Primary language of student _____

Primary area of concern: Reading Math Written Language Social/Behavioral Speech Language
(See SLP addendum)

*Please check area(s) of concern and document **at least one** source of data for each area. Source of data can include DIBELS, QRI, DRP, or others found in the CORE ASSESSMENT Book or classroom based assessments.

CUMULATIVE RECORD REVIEW:

Attendance:	*This year: _____ days present _____ days absent *Last year: _____ days present _____ days absent *Retention: _____ year(s) _____ grade(s) List School Attended: _____ Has student ever receive special education services? YES NO -If yes, when and for what?
Discipline Record:	*Discipline tags on record? YES NO *Number of Suspensions: _____ In school _____ Out of School _____ Total # of days _____
Screenings:	*Vision: Date _____ Results _____ *Hearing: Date _____ Results _____ Special Needs: -Medical History: _____ -Health Condition: _____ -Motor limitations: _____
Testing Information:	*Review CRT test results and attach or document scores: _____ *Review Report Cards and attach *Notes:

READING:

<input type="checkbox"/> Phonemic Awareness: The knowledge and manipulations of sounds in spoken words	*DIBELS: FSF _____ Need for Support: _____ *Phonemic Awareness Inventory _____ * Treasures Weekly Assessment Results _____ Notes:
<input type="checkbox"/> Phonics: The relationship between written and spoken letters and sounds.	*DIBELS: NWF CLS _____ Need for Support: _____ WWR _____ Need for Support: _____ *CORE Phonics Screener: _____ *QPS _____ *Letter Identification: upper _____ of 26 lower _____ of 26 *Running Records _____ *Treasures Placement Test Results: _____ Notes:

<input type="checkbox"/> Fluency: The ability to read with accuracy and with appropriate rate, expression, and phrasing.	*DIBELS: DORF WPM _____ Need for Support: _____ Accuracy _____ Need for Support: _____ Retell _____ Need for Support: _____ Retell Quality _____ Need for Support _____ *Word Recognition : _____ of _____ *Running Records _____ * Treasures Fluency Passages _____ *Notes:
<input type="checkbox"/> Vocabulary: The knowledge of words, their definitions, and context.	*Fry Sight Words: _____ of _____ *Reading words/lists: _____ of _____ *Treasures Placement Test Results _____ Notes:
<input type="checkbox"/> Comprehension: The understanding of meaning in text.	DIBELS Daze _____ Need for Support _____ Composite _____ Need for Support _____ * Treasures Weekly Assessment _____ *Notes:

MATH

<input type="checkbox"/> Number Sense and Computation:	*One to one correspondence _____ *Grade Level Number Recognition: ___ of ___ *Counts to: _____ *+/- or x/- rates: _____ correct digits per minute: _____ *Current Instructional level _____ *My progress result _____ *Notes:
<input type="checkbox"/> Concepts and Application:	*Math assessment results: _____ *Current Instructional level: _____ *My progress results: _____ *Notes:

WRITTEN EXPRESSION:

<input type="checkbox"/> Spelling:	*QSI (Spelling Inventory): Level _____ *Words Their Way: _____ *Treasures Weekly Spelling Assessment: _____ Notes:
<input type="checkbox"/> Sentence Structure:	*Nouns/Verbs (complete thought): _____ Capitalization: _____ *Punctuation: _____ Syntax: _____ *Notes:
<input type="checkbox"/> Paragraph Writing: attach work samples	*Topic Sentence: _____ *Conclusion: _____ *Details or facts match topic: _____ * Interesting examples: _____ *Descriptive Words: _____ *Transition words: _____ *Treasures Weekly Writing Assessment: _____ *Notes:

BEHAVIOR

<input type="checkbox"/> Work Completion: attach data and tracking system	*Number of assignments turned in: ___ of ___ *Tracking system: _____ *Parent Contact: _____ *Notes:
<input type="checkbox"/> Disruptive Behavior or Non-compliance: talking out, talking back, not following directions, verbal or physical aggression. Attach data/plans.	*Describe the behavior: _____ _____ *Number of infractions: _____ per _____ *Location of behavior: _____ *Describe Positive Reinforcement: _____ _____ *Behavior Plans: _____ *Parent Contact: _____ *Notes:
<input type="checkbox"/> Social Problems: inappropriate interaction with peers and adults, inability to form and maintain relationships.	*Describe the behavior: _____ _____ *Describe classroom/school interventions: _____ _____ *Location of the behavior: _____ *Parent Contact: _____ *Behavior Plan: _____ *Notes:

Parents notified of concerns on: _____ by: _____

Parent reports: _____
