

Educational History / Focus of Concern

NOTE: Do not leave anything blank.

Child _____ DOB _____ School _____

Current grade _____ Grades repeated _____ Grades administratively assigned _____

Frequent school moves? _____ If yes, list schools by grades attended. _____

Does the child speak a foreign language? _____ Enrolled in ELL program? _____

Do the parents speak a foreign language? _____

Does the child have an IEP for speech-language? _____ Speech therapist _____

Does the child have a 504 plan? _____ If yes, for what disability? _____

Has the child been evaluated previously for special education? _____ *Contact Sheila in the special ed. dept. at 641-2621 or shinson-toole@aiken.k12.sc.us if unsure.*

Medical issues _____

Parental/family issues _____

Reasons for poor grades: *(Check all that apply.)*

_____ Doesn't complete tests

_____ Poor test grades

_____ Doesn't complete homework

_____ Doesn't complete classwork

_____ Poor classwork grades

Other: _____

Does the child show atypical regression following breaks in instruction? _____ If yes, explain. _____

Child's level of effort _____

Child's level of frustration _____

Child's response to poor grades, correction, etc. _____

Does the child attend special programs or received private tutoring outside of the normal school day? _____ If yes, explain. _____

Parent's response to poor grades, notes home, conferences, etc. _____

Have you consulted with last year's teacher? _____ If yes, explain. _____

When did the child begin having the difficulties that you are seeing now? _____

Child's strengths _____

AREAS OF SIGNIFICANT DEFICIT OR CONCERN

Reading

- ___ Phonemic awareness _____
- ___ Phonetics _____
- ___ Fluency _____
- ___ Vocabulary _____
- ___ Comprehension: ___Details ___ Main idea ___Sequence ___Inferences ___Conclusions
 ___Predictions ___Context clues ___Discrepant from listening comprehension
- ___ Spelling _____

Accommodations implemented to address reading deficits: _____

Written Expression

- | | | |
|---------------------------|---|----------------------|
| ___ Copying from board | ___ Copying from book | ___ Letter formation |
| ___ Reversals | ___ Spacing | ___ Capitalization |
| ___ Punctuation | ___ Fluency / speed | ___ Grammar |
| ___ Sequencing of events | ___ Providing details | ___ Staying on topic |
| ___ Organization of ideas | ___ Can express ideas orally but not in writing | |

Other _____

Accommodations implemented to address written expression deficits: _____

Oral Language

LISTENING COMPREHENSION

- | | |
|---|---|
| <input type="checkbox"/> Poor receptive vocabulary
<input type="checkbox"/> Becomes confused if things are reworded
<input type="checkbox"/> Only understands part of what was said
<input type="checkbox"/> Asks questions that are tangentially related

<input type="checkbox"/> Difficulty conversing with adults
<input type="checkbox"/> Doesn't understand innuendo, sarcasm, etc.
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Needs things reworded
<input type="checkbox"/> Misunderstands all of what was said
<input type="checkbox"/> Asks for repetition
<input type="checkbox"/> Repeats to self what was just heard

<input type="checkbox"/> Difficulty conversing with peers
<input type="checkbox"/> Misinterprets or ignores nonverbal cues |
|---|---|

ORAL EXPRESSION

- | | |
|---|---|
| <input type="checkbox"/> Poor expressive vocabulary
<input type="checkbox"/> Uses gestures to substitute for words
<input type="checkbox"/> Listener needs context in order to understand
<input type="checkbox"/> Has difficulty summarizing or getting to the point
<input type="checkbox"/> Speaks in phrases only
<input type="checkbox"/> Talks rapidly and excessively
<input type="checkbox"/> Stutters or repeats words | <input type="checkbox"/> Difficulty relating own ideas
<input type="checkbox"/> Difficulty with word retrieval
<input type="checkbox"/> Relates things out of sequence
<input type="checkbox"/> Speaks in single words only
<input type="checkbox"/> Poor grammar
<input type="checkbox"/> Avoids talking in front of others
<input type="checkbox"/> Other _____ |
|---|---|

Accommodations implemented to address oral language deficits: _____

Math

- | | | |
|---|---|--|
| <input type="checkbox"/> One-to-one correspondence
<input type="checkbox"/> Money
<input type="checkbox"/> Addition
<input type="checkbox"/> Division
<input type="checkbox"/> Tables, graphs | <input type="checkbox"/> Shapes
<input type="checkbox"/> Time
<input type="checkbox"/> Subtraction
<input type="checkbox"/> Fractions
<input type="checkbox"/> Sequencing | <input type="checkbox"/> Measurement
<input type="checkbox"/> Reversals
<input type="checkbox"/> Multiplication
<input type="checkbox"/> Word problems
<input type="checkbox"/> Estimation |
|---|---|--|
- Other _____

Accommodations implemented to address math deficits: _____

Miscellaneous

- | | | |
|--|---|---|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Toileting | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Fine motor skills | <input type="checkbox"/> Gross motor skills | <input type="checkbox"/> Left-handed |
| <input type="checkbox"/> Short-term memory | <input type="checkbox"/> Working memory | <input type="checkbox"/> Long-term memory |
| <input type="checkbox"/> Impulse control | <input type="checkbox"/> Task persistence | <input type="checkbox"/> Frustration tolerance |
| <input type="checkbox"/> Attention during instruction | <input type="checkbox"/> Attention while working | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Distraction by auditory stimuli | <input type="checkbox"/> Distraction by visual stimuli | <input type="checkbox"/> Easily overstimulated |
| <input type="checkbox"/> Bothered by loud noises | <input type="checkbox"/> Bothered by certain textures | <input type="checkbox"/> Doesn't like to be touched |
| <input type="checkbox"/> Adjusting to changes in routine | <input type="checkbox"/> Underactive | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Periods of transition | <input type="checkbox"/> Unstructured times | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Poor self-esteem | <input type="checkbox"/> Worries excessively | <input type="checkbox"/> Shy, withdrawn |
| <input type="checkbox"/> Immature | <input type="checkbox"/> Inappropriate emotional affect | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Sudden mood changes | <input type="checkbox"/> Self-injury | <input type="checkbox"/> Self-derogatory comments |
| <input type="checkbox"/> Prefers adults to peers | <input type="checkbox"/> Repetitive, ritualistic behavior | <input type="checkbox"/> Seeks attention from peers |
| <input type="checkbox"/> Seeks attention from adults | <input type="checkbox"/> Doesn't like to be singled out | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Sexually inappropriate behavior | <input type="checkbox"/> Manipulative |

Other _____

Accommodations implemented to address the concerns or deficits noted in the "Miscellaneous" section:

Other Relevant Information or Comments: _____

Name of Person(s) Completing Form

Title

Date