



BOONE-CLINTON-NORTH WEST HENDRICKS JOINT SERVICES

Multi-disciplinary Team Data Form

PART 1: GENERAL INFORMATION

Name of Student: _____ Grade: _____

School: _____ Age: _____ Teacher: _____

ASSURANCES

Has the student been provided appropriate instruction in reading and math?

Reading Yes No Explain:
Math Yes No Explain:

Has the student received instruction in reading and math from a highly qualified teacher?

Reading Yes No Explain:
Math Yes No Explain:

Was instruction provided using the same curriculum that was used with all students?

Reading Yes No Explain:
Math Yes No Explain:

Were all assessments administered in the student's native/dominant language?

Yes No Explain:

Has the student attended an accredited school long enough to benefit from instruction?

Yes No Explain:

SCHOOL DATA

School Attendance: Frequent absences # _____ Frequent tardies # _____ Frequent nurse visits # _____
 Frequent counselor visits # _____ Other: _____

Previous Schools Attended: _____

Has the student been retained?: Yes No Explain: _____

Discipline Record (please attach): office referrals # _____ in-school suspensions # _____ out of school suspensions # _____ history of expulsion _____

Known medical concerns/diagnoses? Yes No List: _____

Known mental health concerns? Yes No List: _____

Vision Screening: Date _____ Administered By: _____

Right: Far _____ Near _____ Left: Far _____ Near _____

With _____ Without Glasses _____ Referral to a doctor? Yes No

Hearing Screening: Date _____ Administered By: _____
 Right: 1000 Hz _____ 2000 Hz _____ 4000 Hz _____ Referral to a doctor? Yes No
 Left: 1000 Hz _____ 2000 Hz _____ 4000 Hz _____ Referral to a doctor? Yes No

Student's Strengths: _____

Current Grades

Subject Area	Grade	Comments on Strengths or Weaknesses
Math		
Reading		
Writing/Spelling		
Science		
Social Studies		
Specials		
Other		

STATE AND LOCAL ASSESSMENT RESULTS: Include most current and previous results. Include the student score as well as expected score/benchmark/passing score.

ISTEP/ECA:

Report attached

Date	Subject Area	Score	Score Needed for Passing

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) _____

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) _____

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) _____

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile

Name of Classroom Based Assessments _____

Report attached

Date	Subject Area	Score	Expected/Benchmark

INTERVENTION PLAN (Use a separate sheet for each area targeted for intervention).

Subject	Form of data collected (AIMSweb, Easy CBM, behavioral log, DIBELS, etc.)			
Was the fidelity of administration and scoring of data collected checked <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fidelity of core curriculum delivery checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fidelity of intervention delivery checked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Data Collected:	Baseline Data Results:			
Research-based materials/strategies used for intervention:	Group size:	Minutes/session:	# of days/wk provided:	Interventionist:
Date Data Collected:	Progress Monitoring Results:			
Research-based materials/strategies used for intervention:	Group size:	Minutes/session:	# of days/wk provided:	Interventionist:
Date Data Collected:	Progress Monitoring Results:			



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PART 2: BEHAVIORAL CHECKLIST

Name of Student: _____

Grade: _____

School: _____

Age: _____

Teacher: _____

General Areas of Concern:

<u>Language Arts</u>	<u>Math</u>	<u>Other</u>
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Number Sense <input type="checkbox"/> Math Facts <input type="checkbox"/> Problem Solving <input type="checkbox"/> Word Problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability <input type="checkbox"/> Analysis <input type="checkbox"/> Other:	<input type="checkbox"/> Motor Skills <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Speech/Language <input type="checkbox"/> Eating Habits <input type="checkbox"/> Sleep Habits <input type="checkbox"/> Other:

Place a check by any of the items that significantly interfere with classroom performance presently.

Oral Language

- Doesn't comprehend what is being said
- Isn't able to express self verbally
- Does not initiate or sustain conversations
- Low vocabulary
- Interprets figurative language literally
- Other:

Math

- Doesn't know basic facts
- Doesn't compute math problems correctly
- Lacks problem solving skills
- Trouble remembering measurements, formulas, etc.
- Other:

Study Skills

- Lacks organization/loses things
- Does not complete work
- Does not complete homework
- Performs poorly on tests and quizzes
- Does not participate in class
- Other:

Sensory

- Smell
- Tactile
- Hearing/Vestibular
- Taste
- Visual processing
- Other:

Reading

- Doesn't read smoothly or fluently
- Doesn't decode new words
- Doesn't use context to discern word meaning
- Isn't able to make inferences
- Cannot retell selection using own words
- Doesn't comprehend silent reading
- Doesn't enjoy reading

Writing

- Doesn't exhibit grade appropriate grammar in writing
- Doesn't exhibit ability to stay on topic in writing
- Is not able to express complete thoughts in writing
- Is not able to organize thoughts
- Lacks ability to draft thoughts before writing
- Other

Spelling

- Spells words incorrectly on weekly tests
- Doesn't apply phonetic rules in spelling
- Doesn't retain words previously learned
- Misspells high frequency words in writing
- Other:

Fine Motor

- Can't hold utensils for writing
- Not apply appropriate writing pressure
- Writes too slowly
- Trouble with a variety of fine motor tasks
- Other

Gross Motor

- Difficulty with balance
- Difficulty with coordination
- Difficulty with gait/ ambulation
- Other

Behavior

Describe any behavioral concerns or classroom management issues: _____

- | | |
|---|--|
| <input type="checkbox"/> Fidgets, is easily distracted | <input type="checkbox"/> Talks excessively, interrupts often, doesn't listen |
| <input type="checkbox"/> Difficulty staying seated | <input type="checkbox"/> Blurts out answers before question is completed |
| <input type="checkbox"/> Shifts quickly from one activity to another | <input type="checkbox"/> Often loses things, very disorganized |
| <input type="checkbox"/> Poor concentration/difficulty sustaining attention | <input type="checkbox"/> Has difficulty waiting his/her turn or in line |
| <input type="checkbox"/> Difficulty following instructions | <input type="checkbox"/> Difficulty initiating tasks |
| <input type="checkbox"/> Engages in impulsive behavior | <input type="checkbox"/> Difficulty completing tasks |
| <input type="checkbox"/> Shifts from one activity to another | <input type="checkbox"/> Difficulty working independently |
| <input type="checkbox"/> Avoids group activities | <input type="checkbox"/> Difficulty playing quietly |
| <input type="checkbox"/> Controls group activities | <input type="checkbox"/> Engages in physically dangerous activities |
| <input type="checkbox"/> Difficulty working in groups | <input type="checkbox"/> Does not have a preferred friend |
| <input type="checkbox"/> Depressed/sad mood | <input type="checkbox"/> Shy/withdrawn |
| <input type="checkbox"/> Disoriented, confused, staring or "spacey" | <input type="checkbox"/> Little or no interest in peers |
| <input type="checkbox"/> Sleeping in class | <input type="checkbox"/> Feelings of worthlessness or low self-esteem |
| <input type="checkbox"/> Low energy/fatigue | <input type="checkbox"/> Often is loud |
| <input type="checkbox"/> Excessive separation difficulties | <input type="checkbox"/> Deliberately annoys others |
| <input type="checkbox"/> Does not acknowledge personal space of others | <input type="checkbox"/> Cries easily |
| <input type="checkbox"/> Poor appetite | <input type="checkbox"/> Argumentative with: |
| <input type="checkbox"/> Overeats | <input type="checkbox"/> Suicidal thoughts/acts |
| <input type="checkbox"/> Overly anxious, worrisome, or fearful | <input type="checkbox"/> Blames others for mistakes |
| <input type="checkbox"/> Temper tantrums | <input type="checkbox"/> Physically aggressive towards: |
| <input type="checkbox"/> Rapid mood changes/mood swings | <input type="checkbox"/> |
| <input type="checkbox"/> Defies adult requests and rules | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Angry/resentful | <input type="checkbox"/> Perseverates on ideas |
| <input type="checkbox"/> Often complains about bodily aches | <input type="checkbox"/> Gravitates toward inappropriate peer groups |
| <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Excessive need for reassurance |
| <input type="checkbox"/> Lies | <input type="checkbox"/> Steals |

Multi-disciplinary Team Data Form

Student _____

- Substance abuse:
- Stereotyped mannerisms
- Atypical/unusual fascinations or thoughts

- Destroys others' property
- Inappropriate touching of self

- Often swears or uses obscene language
- Compulsive rituals
- Hallucinations:

- Self-mutilation/self-injury
- Inappropriate touching of others

Comments regarding homework/assignment completion:

Comments/concerns regarding organizational skills:

Miscellaneous comments or concerns: