Harlan County Public Schools

Response to Intervention Student Information Sheet

|  |  |
| --- | --- |
| Student Name: | Teacher Name: |
| Student ID# | DOB: Age: Grade: |
| Child Lives with: | Date Guardian/Parent was Contacted: |
| Address: |
| Mother’s Name: | Father’s Name: |
| Home Phone #: Work #:  | Home Phone #: Work #: |

Attendance Record (list all years available):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Year |  |  |  |  |  |
| School |  |  |  |  |  |
| Days Enrolled |  |  |  |  |  |
| Days Absent |  |  |  |  |  |
| Days Tardy |  |  |  |  |  |

Has the student previously been referred for 504 or Special Education and Related Services? [ ]  yes [ ]  no

If yes, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were the results (i.e., dismissed, did not qualify, DD)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student wear: Glasses [ ]  Yes [ ]  No

 Hearing Aids [ ]  Yes [ ]  No

**Currently receiving (mark all that apply):**

[ ]  ESS [ ]  Individual Counseling [ ]  Reading Recovery [ ]  21st Century

[ ]  OT/PT [ ]  Tutoring [ ]  Speech/Language Therapy [ ]  Agency Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate the student’s area of need(s):**

**Reading Math Behavior**

[ ]  Reading Fluency [ ]  Geometry [ ]  Hyperactivity/Inattention

[ ]  Phonemic Awareness [ ]  Numbers and Operations

[ ]  Phonics [ ]  Measurement **Writing**

[ ]  Reading Comprehension [ ]  Data Analysis [ ]  Basic Writing

[ ]  Reading Vocabulary [ ]  Algebra [ ]  Written Expression

 [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_