

**FOCUS OF CONCERN/ SCREENING**

Student: \_\_\_\_\_ School: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_  
 I.D. Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

**I. Parent Conference / Contact Record**

A. First Contact / Attempt Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School Person Making Contact: \_\_\_\_\_ Position: \_\_\_\_\_  
 Type of Contact: \_\_\_\_\_ School Conference \_\_\_\_\_ Letter/Note \_\_\_\_\_ Home Visit \_\_\_\_\_ Phone Call  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Comments on Conference: \_\_\_\_\_

B. Second Contact / Attempt Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School Person Making Contact: \_\_\_\_\_ Position: \_\_\_\_\_  
 Type of Contact: \_\_\_\_\_ School Conference \_\_\_\_\_ Letter/Note \_\_\_\_\_ Home Visit \_\_\_\_\_ Phone Call  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 Purpose: \_\_\_\_\_  
 Comments on Conference: \_\_\_\_\_

**II. Parental Notification of Screening Procedures Form (RE2) Sent**

Notice Sent by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**III. Classroom Observation**

Observer: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

A. Subject Observed		B. Learning Situation	
_____ Language Arts	_____ Social Studies	_____ One-to-One	_____ Small Group
_____ Music	_____ Science	_____ Class	_____ Independent
_____ Free Time	_____ Physical Educ.		
_____ Art	_____ Math		
_____ Other: _____			

C. Student Behavior

_____ Attentive	_____ Difficulty copying	_____ Neat appearance
_____ Sits quietly	_____ from board	_____ Demands excessive
_____ Talks out of turn	_____ Careless, doesn't	_____ attention
_____ Easily distracted	_____ complete tasks	_____ Perseverates (repeats
_____ Overactive, restless	_____ Constantly out of seat	_____ behavior)
_____ Talks excessively	_____ Contributes to class	_____ Daydreams
_____ Immature behavior	_____ discussion	_____ Tries to control others
_____ Withdrawn	_____ Short attention span	_____ Avoids groups
_____ Works well independently	_____ Friendly	_____ Cooperative
_____ Disruptive	_____ Displays leadership ability	_____ Doesn't follow
		_____ directions
_____ Trouble finding place	_____ Easily frustrated	_____ Unusual language
_____ Disorganized work habits	_____ Aggressive toward children	_____ Speech problem
_____ Avoids eye contact	_____ Obscene language	_____ Other: _____

Additional Comments (if any): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Student: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**IV. Screening Committee Data Collection**

**A. Records Review – School History**

1. Attendance Pattern (indicate where problems occurred):

<b>Grade</b>				
<b>Days Enrolled</b>				
<b>Absences</b>				
<b>Tardies</b>				

2. Past and Current Subject Marks (three most recent, if appropriate):

School Year	Grade	Subject/Mark	Subject/Mark	Subject/Mark	Subject/Mark

3. Review of Previous Testing:

a. Instrument Used: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Instrument Used: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c. Group Standardized Test Scores (record percentile scores)

Name of Test: \_\_\_\_\_

Subtest	Year / ____	Year / ____	Year / ____
<b>Reading</b>			
<b>Language</b>			
<b>Math</b>			
<b>Total Battery</b>			
<b>Other</b>			

**B. General Medical – Health Screening**

1. Describe any serious illness or accident since birth:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospitalized ( ) Yes ( ) No  
 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hospitalized ( ) Yes ( ) No

2. Other Relevant Health Information:

\_\_\_\_\_  
 \_\_\_\_\_

3. Visual Acuity

Far Pass/Fail (Circle one) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Near Pass/Fail (Circle one) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Hearing Pass/Fail (Circle one)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. Social Functioning, Environmental and Cultural Status**

Information concerning the social, environmental and cultural status of this student has been reviewed.

( ) Yes ( ) No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



