

Gilmer Independent School District
 Response to Intervention
 Referral to Tier II
 Teacher Screening Information from Educational Records

It is important to complete all blanks and include all requested forms. Please contact your CST Chairperson or Evaluation staff with questions regarding completing this form.

Student Name	<input type="text"/>	DOB	<input type="text"/>	Age	<input type="text"/>	Sex	<input type="text"/>	Ethnicity	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>	Teacher/Case Manager	<input type="text"/>				
Parents	<input type="text"/>	Address	<input type="text"/>				Home Phone	<input type="text"/>	
Work Phone	<input type="text"/>	Social Security #	<input type="text"/>		Medicaid #	<input type="text"/>			

Please indicate reason for referral to CST:

<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student currently enrolled in school: If no, explain	<input type="text"/>
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student previously referred to special education? If yes, give referral date	<input type="text"/>
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Student suspended for disciplinary reasons during school year? If yes, explain	<input type="text"/>
<input type="checkbox"/>	yes	<input type="checkbox"/>	no	Has the student repeated a grade(s)? If so, list grades	<input type="text"/>

HOME LANGUAGE SURVEY (Must attach a copy) Date Results

Other Language Test Date

Results English Spanish Other

For a limited English proficient student, briefly describe the Language Proficiency Assessment Committee's (LPAC) recommendations:

Attach a copy of LPAC deliberations, including ESL strategies provided as well as TELPAS report.

ATTENDANCE

This student has been absent days out of school days this year to date. Reasons:

Compared to last year, this year the student has been absent: MORE LESS ABOUT THE SAME

List all previous schools attended:

CURRENT GRADES: Please put numerical grade and approximate grade level of performance.

Subject	Grade	Level	Subject	Grade	Level
English	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Science	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Reading	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Social Studies	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Math	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Other: <input style="width: 200px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Other: <input style="width: 200px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Other: <input style="width: 200px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

ESL-Indicate baseline of English/native language skills at beginning of school year and currently

This student's grades are: UNCHANGED HAVE BECOME LOWER SUDDENLY DROPPED

ACHIEVEMENT DATA

Include a copy of this student's most recent achievement test data.

Texas Assessment of Knowledge and Skills (TAKS): include a copies of Confidential Student Reports.

Reading Proficiency Test of English (RPTE): include a copy of the student's most recent report.

INFORMATION FROM THE CLASSROOM TEACHERS AND SAMPLES OF STUDENT WORK

What instructional concerns do you have about the student?

- Reading** Decoding/Phonics/Phonemic Awareness Fluency Text Comprehension Vocabulary
- Math** Understanding Calculations Memorization of grade-appropriate facts Problem Solving/Reasoning
 Inability to read word problems
- Writing** Sentence Construction Spelling Paragraph Development Elaboration
- Communication** Listening Comprehension Oral Expression Articulation
- Other:** Specify
- None**

What behavioral concerns do you have about the student?

- Behavior** Interpersonal Relationships Depression/Anxiety Group Behavior Rules/Expectations
 Inappropriate Behavior Under Normal Circumstances Motivation
- Other:** Specify
- None**

Reminder: The Case Manager shall collaborate with student's core curriculum teachers when student's curriculum is departmentalized.

RATE STUDENT'S PERFORMANCE IN EACH OF THE FOLLOWING AREAS

N/A= Not Applicable/Not Observed

Average=70% of the time

Below Average=60% of the time (or lower)

Above Average=100% of the time

A. Receptive Language Skills	N/A	Below Average	Average	Above Average
Comprehends word meanings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows oral directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehends classroom discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remembers information just heard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Expressive Language Skills	N/A	Below Average	Average	Above Average
Displays adequate vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses adequate grammar for general understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses self fluently when called upon to speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates a sequence of events in order (telling story)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes and relates ideas and factual information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency (stuttering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice (severe hoarseness, whispers, level of pitch)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orofacial structure (cleft lip, other facial distortions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address C and D if student is identified as bilingual or ESL:	N/A	Below Average	Average	Above Average
C. Receptive Native Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Expressive Native Language Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Social/Behavioral	N/A	Below Average	Average	Above Average
Adapting to new situations without becoming upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating age appropriate attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following oral directions independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adhering to school/classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating age appropriate independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses feelings appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating ability to relate to peers and adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibiting organization in accomplishing tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepting responsibility for own actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If more than five (5) behaviors are rated below average please attach behavioral interventions which have been implemented, including duration and results of these interventions.				

F. Physical Area	N/A	Below Average	Average	Above Average
Evidencing no signs of extended or chronic illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating normal levels of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating physical strength commensurate with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating coordination/agility commensurate with age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in regular physical education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrating adequate fine motor coordination (writing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Section G: Rate student's performance in relation to other students on the same GRADE LEVEL.				
G. Academic Characteristics	N/A	Below Average	Average	Above Average
Reads aloud material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehends material read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs math computations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs math reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If student is currently receiving services through other special programs, attach student accommodation plan.

Student Services and Special Programs provided or Considered in Response to Student Problem(s): *Must be provided or considered before screening is complete.*

	Inclusion/Pull-out	Duration	Results
Counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
School health services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bilingual Program	<input type="text"/>	<input type="text"/>	<input type="text"/>
Local remedial program (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title I/Compensatory	<input type="text"/>	<input type="text"/>	<input type="text"/>
ESL	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Student Reading Level: Class Average Level

Student Formative Assessments:

LA Math

Science Social Studies

Student Release TAKS Tests:

Reading Math Writing

Class average Release TAKS Tests:

Reading Math Writing

Report Card Grades:

LA Math

Science Social Studies

Name of Person Completing this Section Position

Signature of Person Completing this Section Date