**East Leroy Elementary**

Child Study Data & Problem Solving

|  |  |  |  |
| --- | --- | --- | --- |
| Student: |  | Teacher/Grade: |  |
| School: |  | Age: |  |
| Birth Date: |  | Parent: |  |
| Phone: |  | Address: |  |

**Checklist:**

|  |  |
| --- | --- |
| To Do: | Completed/Date |
| Complete Teacher Data Form on Google Docs |  |
| Share Curriculum Based Measures Data Sheet with Child Study Members one week prior to meeting- CISD staff need PDFs of these files or hard copies in their mailbox please |  |
| Bring Latest DIBELS Assessment Booklet - with Accuracy/Fluency Comprehension Scores if you are using this assessment |  |
| Bring current Copy of Report Card |  |

**Contact History:**

|  |  |  |
| --- | --- | --- |
| Parent Contact Date | Method | Result |
|  |  |  |
|  |  |  |

**Attendance Pattern:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Preschool | Kdg | First Grade | Second Grade | Third Grade | Fourth Grade | Fifth Grade |
| School Attended |  |  |  |  |  |  |  |
| Absences: |  |  |  |  |  |  |  |
| Tardies: |  |  |  |  |  |  |  |
| Retention Y/N |  |  |  |  |  |  |  |

**REASON FOR REFERRAL: Please mark all areas of concern.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reading\***  \_\_\_Phonemic Awareness  \_\_\_Word Identification  \_\_\_Reading Comprehension  \_\_\_Reading Fluency  \*Please bring most recent Fountas and Pinnell Assessment Booklet (Fluency, Accuracy, Comprehension data to the meeting) | **Mathematics**  **\_\_\_**Early Numeracy  \_\_\_Numerical Operations  \_\_\_Computation  \_\_\_Problem Solving  \_\_\_Basic Math Facts | **Writing**  **\_\_\_**Spelling  **\_\_\_**Grammar Conventions  **\_\_\_**Content/ Ideas  **\_\_\_**Style/Voice  **\_\_O**rganization  \_\_\_\_Written Expression | **Oral Language**  **\_\_\_\_**ListeningComprehension  **\_\_\_**Knowledge of grade-level vocabulary  **\_\_\_**Usage of grade-level vocabulary  **\_\_\_**Organization of spoken language  \_\_\_\_Articulation  \_\_\_\_Fluency (Stuttering)  \_\_\_\_Voice  \_\_\_Social Language  \_\_\_Difficulty with higher language skills (inferencing, problem solving, etc.) | **Other**  **\_\_\_\_** Behaviors  \_\_\_\_Social Emotional  **\_\_\_**Hearing  **\_\_\_**Vision  **\_\_**\_FineMotor Skills  \_\_\_\_Gross Motor Skills  **\_\_\_\_**Attention  **\_\_\_\_**Hyperactivity  **\_\_\_\_**Medical  \_\_\_Adaptive Behavior  **\_\_\_**Attendance  \_\_\_Work Completion  \_\_\_Parent Referral  \_\_Other |

|  |
| --- |
| ***STRENGTHS*** |

**General Medical-Health:**

|  |  |  |
| --- | --- | --- |
| Last Vision Screening Date |  | \_\_\_Pass \_\_\_\_ Fail |
| Is the Student Prescribed glasses? |  | \_\_\_Yes \_\_\_\_No |
| Does the student wear glasses consistently? |  | \_\_\_ Yes \_\_\_\_No |
| Last Hearing Screening Date |  | \_\_\_ Pass \_\_\_\_Fail |
| Any Serious illness/accidents? |  | If yes briefly explain. |
| Other relevant medical history (diagnosis,medication) |  |  |
| Any environmental or cultural factors that could impact academic progress? (Limited English proficiency, multiple school, frequent absences, etc.) |  |  |

**STUDENT STRENGTHS/WEAKNESSES** Academic Strengths and Weaknesses. Please check the box that best indicates your perception of the student’s skills in each area compared to the rest of your class.

|  |  |  |  |
| --- | --- | --- | --- |
| **AREA** | **Bottom 10% of Class** | **Bottom 30% of Class** | **Skills are Higher than the Bottom 30% of Class** |
| Basic Reading Skills |  |  |  |
| Reading Fluency |  |  |  |
| Reading Comprehension |  |  |  |
| Mathematics Calculation |  |  |  |
| Math Problem Solving |  |  |  |
| Written Expression |  |  |  |
| Oral Expression |  |  |  |
| Listening Comprehension |  |  |  |

**Current or past supplemental programs (Indicate C for current and P for past):**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Early On (0-3) |  | 504 Plan |
|  | Preschool |  | Tutoring |
|  | Head Start |  | ESL |
|  | ECSE (3-7) |  | Title I Reading |
|  | Speech Language Therapy |  | Title I Math |
|  | Guidance Counseling |  | Social Work Counseling |
|  | Physical Therapy |  | Occupational Therapy |

**Class Data:**

**Please indicate what rank the student is in the class on the F&P Level if you are using this assessment. DIBELS:**

**There are \_#\_\_\_\_\_\_\_\_students in the class.**

**There are \_#\_\_\_\_\_\_\_\_students at the same reading level as this student in the class.**

**There are \_#\_\_\_\_\_\_\_students above this reading level in the class.**

**There are \_#\_\_\_\_\_\_\_students below this reading level in the class.**

**Michigan Student Test of Educational Progress (MSTEP)**

|  |  |  |
| --- | --- | --- |
| **Grade** | **Reading** | **Math** |
| Third |  |  |
| Fourth |  |  |

**Communication Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please initial areas of concern** |  | Sentences are not age appropriate |
|  | Difficulty asking questions |  | Word finding difficulty |
|  | Difficulty answering “wh” questions |  | Doesn’t make sense in conversation |
|  | Difficulty sequencing stories |  | Difficulty processing what is said to them |
|  | Difficulty comprehending verbal information, following directions (stories, etc.) |  | Other communication concerns:  Struggles with following directions when they are given. Generally does not know what to do even after given a set of very clear directions. |

**Social / Emotional / Behavioral:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please initial areas of concern** |  | “Shutting down” behaviors |
|  | Inattentive / easily distracted |  | Lies |
|  | Overly active |  | Wanders halls / room |
|  | Impulsive |  | Obscene language / gestures |
|  | Lacks of motivation / effort |  | Defiant of rules or directions |
|  | Disorganized |  | Falls asleep in class |
|  | Does not complete work in class |  | Excessive talking |
|  | Does not volunteer in class |  | Aggressive / fights |
|  | Does not ask for help |  | Immature behaviors |
|  | Trouble working independently |  | Ritualistic / repetitive behaviors |
|  | Trouble working in groups |  | Provokes / aggravates others |
|  | Temper tantrums |  | Destructive |
|  | Perseveration |  | Irritable |
|  | Trouble getting along with others |  | Cries easily |
|  | Extreme mood swings, not typical of age |  | Withdrawn |
|  | Recent life changes (death, divorce, etc) |  | Appears anxious |
|  | Talk about morbid themes |  | Appears depressed |
|  | Inflexible to change |  | Test anxiety or school fears are present |
|  | Poor self-concept |  | Talks about hurting or killing self or others |
|  | Lacks age appropriate toileting skills. |  | Lacks ability to employ self-help skills |
|  | Difficulty interacting with peers (developing peer relationships) |  | Reaction to changes in routine or transitions |

**Sensory and Motor Skills:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Please initial areas of concern** |  |  |
|  | Poor gross motor skills |  | Lacks physical mobility |
|  | Difficulty using writing tool/scissors |  | Lacks fine motor coordination |
|  | Difficulty copying |  | Difficulty completing paper-pencil tasks |
|  | Reaction to transitions between locations/activities |  | Reaction to environmental noises |
|  | Reaction to work in group of being close in proximity to others |  | Difficulty functioning in play group, gym class, moving throughout the school environment |
|  | Participation in activities perceived as messy |  | Difficulty functioning in playgroup, gym class, moving throughout the school environment |

**ONGOING TARGETED INTERVENTIONS AND SUPPORTS -(i.e. type of reading intervention,Read Naturally, Incremental Rehearsal, guidance counseling, behavior plan, etc.)**

|  |  |  |
| --- | --- | --- |
| INTERVENTION | FREQUENCY | RESULTS |
| Phonics for Reading |  |  |
| Word Family Practice |  |  |
| Small group/Individual reading instruction & practice |  |  |

**Following Sections will be completed by the Child Study Team Notekeeper.**

**STUDENT NAME:**

**People in Attendance:**

**Follow Up Date:**

|  |  |
| --- | --- |
| **Positives:** | **Topics of Concern:** |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WHO** | **will do WHAT** | **by WHEN** | **STATUS** |  |
|  |  |  |  |  |
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DEFINITION OF PROBLEM: (choose 2 -3):

(For example, when provided with a Second Grade reading passage, student is able to read 22 words per minute, the expected performance is 80 words per minute.)

1.

2.

3.

**NEXT STEPS & GOALS:**

(Goal example: increase words per minute read to 45 words per minute)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Problem Area** | **Person Responsible** | **Intervention**  **(targeted intervention)** | **Date Implemented and Frequency (time per sessions and sessions per week)** | **Timeline to achieve goal ( # of weeks or sessions)** | **Progress Monitoring Results** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Person responsible please bring intervention dates and progress monitoring data to the follow up meeting.