

- Initial
- Adding Services

Jordan School District  
Documentation of Student Level of Performance- Secondary

**Student Information:**

Name:		Date of Birth:		Student #:	
Referred By:			School:		
Grade:	Area of Concern:	Social/Emotional	Academic	Speech & Language	
Parent notified of initial concern on:			By:		

**Hearing/Vision: (If student fails, follow-up)**

Hearing Screening:	Date:	Pass	Fail
Vision Screen	Date:	Pass	Fail

**Language**

Primary Language of Student:	Primary Language in Home:
<b>If Primary Language is other than English, contact your school's ALS Teacher Specialist before proceeding.</b>	
Date ALS Teacher Specialist Contacted:	By: WIDA Score:

**Communication Log with Parent:**

Date	Contact Made By	Issues discussed

\* If parent requests testing, the LEA completes the Special Ed Testing Request Form and simultaneously begins response to intervention(s) and formal assessment as soon as possible.

**Historical Performance in Area(s) of Concern:** Must include data over multiple years from primary (K-3), intermediate (4-6), Middle School and/or High School. **Test Results:** (e.g. State tests, Acadience, SRI Lexile, Fountas & Pinnell, Running Records, Language Arts Benchmark, Math Benchmark, Math Unit Test, JSD Writing Rubrics/Utah Compose).

Name of Test:	Grade:	Score:
Name of Test:	Grade:	Score:
Name of Test:	Grade:	Score:
Name of Test:	Grade:	Score:
Name of Test:	Grade:	Score:
Name of Test:	Grade:	Score:

**Historical Attendance:** Concern  Not Concern  Data (If concern): \_\_\_\_\_

**Current Levels of Performance:** (e.g. common formative assessments)

Assessment:	Date:	Level:
Assessment:	Date:	Level:
Assessment:	Date:	Level:

**Grades in Areas of Concern:**

Subject:	Year:	Qtr Grdes:
Subject:	Year:	Qtr Grdes:
Subject:	Year:	Qtr Grdes:

Discipline/Suspension Data: (reason, length of time)

---

Has this student ever been referred/received special education services? Yes No If yes, when? \_\_\_\_\_

Has this student ever been retained?  Yes  No If yes, when? \_\_\_\_\_

Student's Attendance:  Concern No Concern Comments: \_\_\_\_\_

In order to further assist in targeting skill deficits and selecting appropriate scientifically research-based interventions, identify the specific area(s) of concern, which have been reviewed during PLCs.

**Area(s) of Academic Concern (check the targeted skill deficit):**

<p><b>Reading</b></p> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Comprehension Fluency <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Oral Expression	<p><b>Writing</b></p> <input type="checkbox"/> Written Expression	<p><b>Math</b></p> <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Problem Solving
---	---	---

If there is only one area of general academic concern, two interventions must be documented in that area.  
 If there is more than one area of general academic concern, at least one intervention must be documented in each area.

**Intervention Data Summary(s):** Attach a graph with the trend line and slope that specifies the targeted intervention(s) in each area of academic concern. *Six or more data points must be collected in each area of academic concern.*

**Area(s) of Social/Emotional/Behavioral Concern:** Please consult with the School Psychologist.

**Social** Describe:

**Emotional** Describe:

**Behavioral** Describe:

**Intervention Data Summary(s):** Attach a graph with the trend line and slope that specifies the targeted intervention(s) in each area of concern as deemed appropriate based on consultation with the School Psychologist. *Six or more data points must be collected in each area of concern.*

**Area(s) of Oral Communication Concern (check all that apply):** Please consult with the Speech Language Pathologist.

<b>Articulation</b>	Incorrectly uses developmentally/age appropriate speech sounds and/or does not speak clearly during conversation.
<b>Stuttering</b>	Does not speak smoothly without interruption and/or repetition of sounds or words.
<b>Voice</b>	Voice is hoarse or has an unusual quality.
<b>Receptive Language</b>	Does not understand directions, questions, and/or academic vocabulary.
<b>Expressive Language</b>	Does not speak in complete sentences, does not use correct grammar, and/or is not able to tell a story or explain an event.
<b>Social Communication</b>	Does not interact/communicate appropriately with peers and adults in social and academic settings.

**Intervention Data Summary(s):** Attach the Response to Intervention Tracking Tool for targeted intervention(s) in each area of concern as deemed appropriate based on consultation with the Speech Language Pathologist.

<b>Other Concerns:</b> Please consult with the special education team. (check all that apply)	None	Motor	Sensory	Medical	
---	------	-------	---------	---------	--

**To be completed by The Local Education Agent (LEA) Representative after the Response to Intervention Tracking Tool is done.**

Based on the above area(s) of concern and documentation of the student's progress using scientifically research-based interventions, it is recommended that:

No further action is needed (Specify Reason):  
 Progress is being made, continue with scientifically research-based interventions

504 Evaluation

Additional scientifically research-based interventions needed

Special Education referral

Signature of LEA

Date