

- Initial
- Adding Services

Jordan School District  
Documentation of Student Level of Performance- Secondary

**Student Information:**

Name:		Date of Birth:	Student #:	
Primary Language of Student:		Primary Language in Home:		
If Primary Language is other than English, contact your school's ALS Teacher Specialist before proceeding.				
Date ALS Teacher Specialist Contacted:		By:	WIDA Score:	
Referred By:		School:		
Grade:	Area of Concern:	Social/Emotional <input type="checkbox"/>	Academic <input type="checkbox"/>	Speech & Language <input type="checkbox"/>
Parent notified of initial concern on:		By:		

**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, DIBELS, 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:

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

Hearing Screening:	Date:	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Vision Screening:	Date:	Pass: <input type="checkbox"/>	Fail <input type="checkbox"/>

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

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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> <p><input type="checkbox"/> Phonemic Awareness</p> <p><input type="checkbox"/> Phonics</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Vocabulary</p> <p><input type="checkbox"/> Comprehension</p>	<p><b>Writing</b></p> <p><input type="checkbox"/> Conventions/Grammar</p> <p><input type="checkbox"/> Sentence Structure</p> <p><input type="checkbox"/> Word Choice/Vocabulary</p> <p><input type="checkbox"/> Expresses Ideas/Opinions/Thoughts</p>	<p><b>Math</b></p> <p><input type="checkbox"/> Number &amp; Operations: (number sense, order of operations, math facts)</p> <p><input type="checkbox"/> Algebra: Expressions/Equations (variables, solving, simplifying)</p> <p><input type="checkbox"/> Functions &amp; Relationships (graphing, reasoning, problem solving)</p> <p><input type="checkbox"/> Geometry</p>
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**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.

<input type="checkbox"/> <b>Social</b>	Describe: _____
<input type="checkbox"/> <b>Emotional</b>	Describe: _____
<input type="checkbox"/> <b>Behavioral</b>	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.

<input type="checkbox"/> <b>Articulation</b>	Incorrectly uses developmentally/age appropriate speech sounds and/or does not speak clearly during conversation.
<input type="checkbox"/> <b>Stuttering</b>	Does not speak smoothly without interruption and/or repetition of sounds or words.
<input type="checkbox"/> <b>Voice</b>	Voice is hoarse or has an unusual quality.
<input type="checkbox"/> <b>Receptive Language</b>	Does not understand directions, questions, and/or academic vocabulary.
<input type="checkbox"/> <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.
<input type="checkbox"/> <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.

**Other Concerns:** Please consult with the special education team. (check all that apply)

	None	Motor	Sensory	Medical	
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**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