

☐ Initial
☐ Adding Services

Jordan School District
Documentation of Student Level of Performance

Student Information:

Name:		Date of Birth:		Student #:	
Referred By:		School:			
Grade:	Area of Concern:	Social/Emotional <input type="checkbox"/>	Academic <input type="checkbox"/>	Speech & Language <input type="checkbox"/>	

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

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

Language and Culture:

Student Language:	Native Language:	Home Language:
If there is a language other than English, contact your school's Language and Culture Services (LCS) Teacher Specialist before proceeding.		
Date LCS (ELL) Specialist Contacted:	By:	LCS Pre-referral form attached: yes <input type="checkbox"/> NA <input type="checkbox"/>

Communication Log with Parent:

Parent notified of initial concern on:	By:
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Additional Communication 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.

Student Attendance: ☐ Concern ☐ Not a Concern Comments: _____

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, Benchmarks, Math Unit Test).

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:

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 Grades:
Subject:	Year:	Qtr Grades:
Subject:	Year:	Qtr Grades:

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? _____

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

Area(s) of Academic Concern (check the targeted skill deficit):		
Reading <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Comprehension <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Oral Expression	Writing <input type="checkbox"/> Written Expression	Math <input type="checkbox"/> Math Calculation <input type="checkbox"/> Math Problem Solving
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>If there is only one area of general academic concern, two interventions must be documented in that area.</p> <p>If there is more than one area of general academic concern, at least one intervention must be documented in each area.</p> </div>		
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. <i>Eight to ten data points over six to eight weeks must be collected in each area of academic concern.</i>		

Area(s) of Social/Emotional/Behavioral Concern: Please consult with the School Psychologist.	
<input type="checkbox"/> Social	Describe:
<input type="checkbox"/> Emotional	Describe:
<input type="checkbox"/> 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. <i>Eight to ten data points over six to eight weeks must be collected in each area of concern.</i>	

Area(s) of Oral Communication Concern (check all that apply): Please consult with the Speech Language Pathologist.	
<input type="checkbox"/> Articulation	Incorrectly uses developmentally/age -appropriate speech sounds and/or does not speak clearly during conversation.
<input type="checkbox"/> Stuttering	Does not speak smoothly without interruption and/or repetition of sounds or words.
<input type="checkbox"/> Voice	Voice is hoarse or has an unusual quality.
<input type="checkbox"/> Receptive Language	Does not understand directions, questions, and/or academic vocabulary.
<input type="checkbox"/> Expressive Language	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"/> Social Communication	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	<input type="checkbox"/>	Motor	<input type="checkbox"/>	Sensory	<input type="checkbox"/>	Medical	<input type="checkbox"/>
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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:
<input type="checkbox"/> No further action is needed (Specify Reason):
<input type="checkbox"/> Progress is being made, continue with scientifically research-based interventions
<input type="checkbox"/> 504 Evaluation
<input type="checkbox"/> Additional scientifically research-based interventions needed
<input type="checkbox"/> Special Education referral

Signature of LEA

Date

Jordan School District – January 2023