

## GRAVETTE PUBLIC SCHOOLS – GMS and GHS CUMULATIVE FOLDER – STUDENT RECORD REVIEW AND ANALYSIS FORM

MISSION - To develop world-class learners and responsible citizens.

*GOAL* – To maximize the academic and social, emotional, and behavioral progress and proficiency of every student.

DATE	SCHOOLSTUDENT NAME	GENDERDOBAGEGRADE
TEACHER(S)_		
Case reviewed	with / presented to <b>Grade Level</b> ? NO <b>YES_Date</b>	Case reviewed with / presented to <b>Building Level</b> ? NO <b>YESDate</b>
a. Aca	pe reason(s) for referral?  ademic Referral?yesno(If yes –bring Progreecify –	ess Monitoring / Running Records / Other Data / Information to referral meeting)
b. Bel	havioral Referral?yesno ecify –	Is student age-appropriate for grade level?YESNO  If no, why? Check all that apply and known: a. Retained – Grade(s)  Comments: b. Started Sch Late – Age  c. Held Out of Sch – Why?  d. Do Not Know Reason  e. Home Sch – Gd /Yrs  What special services has student received? Check all that apply:
	eplacement behavior(s) are expected? ademic –	a. No special services Date to Date: m/yr b. Speech/Language (enter dates known) c. Physical / Occupational Therapy d. Preschool Education e. Alternative / Opportunity School f. Family Services g. Counseling – Type: h. Title 1 i. Special Education Service:
b. Bel	navioral –	Special Learning DisabilityCognitively DisabledSeverely Emotionally Disturbedj. OTHER:k. ESL – Language Spoken at Home Comments:

Educational History: Complete what is known- easily found in file or Triand Attended Gravette Public Schools Only?YESNO  If No, then? Have move(s) been:a. during school year(s)b. between school years  # of Schools States – if AR include town Schools attended: K – 2 <sup>nd</sup> Comments: 3 <sup>rd</sup> – 5 <sup>th</sup>	Health History:  Is there a known unusual medical history or other health conditions that you feel might be related to this referral?
6 <sup>th</sup> - 8 <sup>th</sup>	Known Medications being taken?  Hearing: Date Results Recheck Needed Vision:  If hearing aids required, are they observed being wore in class?YESNOUNK If glasses required are they observed being wore in class?YESNO
Behavior:       GD Sch Yr # Off Ref # LD/IS/OS Issues - Reasons         Discipline	Academic: Attach Triand, Out of State Gd Rpt, etc. Record TIA, SRI, SMI, B-Mark, EOC, etc.  Eng Math Sci S/H/G/C ESL  Curt Gds ESL  Last S/9w
Comments: if excessive may want to look at previous year(s) for possible trends  Behavior Rating: if needed, check with previous teachers for previous year(s)  Scale 1 to 5 – (1= never occurs to 5= occurs most/all the time)  Grade Postive Respects Speaks Listen / Follows On Complete Attitude Auth Approp Directions Task Assigns  ———————————————————————————————————	Assessment Scores: Record As - BB , BAS, PRO, ADV , # score -etc.  GD TEST Eng Math Sci S/H/G/C ESL