

**Jordan School District
Documentation of Student Level of Performance**

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 Proficiency: _____

Classroom Teacher: _____ School: _____ Grade: _____

Parent(s) notified of initial concern on: _____ By: _____

If the parent requests testing, document the area(s) of concern and simultaneously begin response to intervention(s) and formal assessment as soon as possible.

Communication Log with Parent:

Date	Contact Made By	Issues discussed

Student Performance Information: (Based on the MTSS model, the following data results should be used to determine appropriate evidence-based interventions and progress monitoring procedures.)

Test Results (e.g. End of Year State Assessment, DIBELS, SRI)

Name of Test: _____ Date: _____ Score: _____

Name of Test: _____ Date: _____ Score: _____

Name of Test: _____ Date: _____ Score: _____

Current Levels of Performance (e.g. Fountas & Pinnell, Running Records, Language Arts Benchmark, Math Benchmark, Math Unit Test, JSD Writing Rubrics/Utah Compose)

Assessment: _____ Date: _____ Level: _____

Assessment: _____ Date: _____ Level: _____

Assessment: _____ Date: _____ Level: _____

Assessment: _____ Date: _____ Level: _____

Grades/GPA

Subject: _____ Date: _____ Grade: _____

Subject: _____ Date: _____ Grade: _____

Subject: _____ Date: _____ Grade: _____

Date of hearing screening: _____ Pass: _____ Fail: _____ (If student failed, follow-up)

Date of vision screening: _____ Pass: _____ Fail: _____ (If student failed, follow-up)

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

Has this student ever 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 evidence-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>Reading</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>Writing</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>Math</p> <p><input type="checkbox"/> Counting & Cardinality: (one to one correspondence)</p> <p><input type="checkbox"/> Operations & Algebraic Thinking: (word problems, representations, & operations with integers)</p> <p><input type="checkbox"/> Numbers & Operations in Base Ten: (place value & 2-digit computations)</p> <p><input type="checkbox"/> Fractions</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 the Response to Intervention Tracking Tool for targeted intervention(s) in each area of academic concern. *Eight to ten data points must be collected over a six- to eight-week period for 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 the Response to Intervention Tracking Tool for targeted intervention(s) in each area of concern as deemed appropriate based on consultation with the School Psychologist. *Eight to ten data points must be collected over a six- to eight-week period.*

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

Articulation - Incorrectly uses developmentally/age appropriate speech sounds and/or does not speak clearly during conversation.

Stuttering - Does not speak smoothly without interruption and/or repetition of sounds or words.

Voice - Voice is hoarse or has an unusual quality.

Receptive Language - Does not understand directions, questions, and/or academic vocabulary.

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.

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	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