

**BOONE CLINTON JOINT SERVICES**

**Multi-disciplinary Team Data Form**

**PART 1: GENERAL INFORMATION**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ Teacher: \_\_\_\_\_

**ASSURANCES**

Has the student been provided appropriate instruction in reading and math?

Reading  Yes  No Explain: \_\_\_\_\_

Math  Yes  No Explain: \_\_\_\_\_

Has the student received instruction in reading and math from a highly qualified teacher?

Reading  Yes  No Explain: \_\_\_\_\_

Math  Yes  No Explain: \_\_\_\_\_

Was instruction provided using the same curriculum that was used with all students?

Reading  Yes  No Explain: \_\_\_\_\_

Math  Yes  No Explain: \_\_\_\_\_

Were all assessments administered in the student's native/dominant language?

Yes  No Explain: \_\_\_\_\_

Has the student attended an accredited school long enough to benefit from instruction?

Yes  No Explain: \_\_\_\_\_

**SCHOOL DATA**

**School Attendance:**  Frequent absences # \_\_\_\_\_  Frequent tardies # \_\_\_\_\_  Frequent nurse visits # \_\_\_\_\_  
 Frequent counselor visits # \_\_\_\_\_  Other: \_\_\_\_\_

**Previous Schools Attended:** \_\_\_\_\_

**Has the student been retained?:**  Yes  No Explain: \_\_\_\_\_

**Discipline Record (please attach):**  office referrals # \_\_\_\_\_  in-school suspensions # \_\_\_\_\_  out of school suspensions # \_\_\_\_\_  history of expulsion \_\_\_\_\_

**Known medical concerns/diagnoses?**  Yes  No List: \_\_\_\_\_

**Known mental health concerns?**  Yes  No List: \_\_\_\_\_

**Vision Screening:** Date \_\_\_\_\_ Administered By: \_\_\_\_\_

Right: Far \_\_\_\_\_ Near \_\_\_\_\_ Left: Far \_\_\_\_\_ Near \_\_\_\_\_

With \_\_\_\_\_ Without Glasses \_\_\_\_\_ Referral to a doctor?  Yes  No

**Hearing Screening:** Date \_\_\_\_\_ Administered By: \_\_\_\_\_

Right: 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000 Hz \_\_\_\_\_ Referral to a doctor?  Yes  No

Left: 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000 Hz \_\_\_\_\_ Referral to a doctor?  Yes  No

**Student's Strengths:** \_\_\_\_\_

**Current Grades**

Subject Area	Grade	Comments on Strengths or Weaknesses
Math		
Reading		
Writing/Spelling		
Science		
Social Studies		
Specials		
Other		

**STATE AND LOCAL ASSESSMENT RESULTS:** Include most current and previous results. Include the student score as well as expected score/benchmark/passing score.

ISTEP/ECA:  Report attached

Date	Subject Area	Score	Score Needed for Passing

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) \_\_\_\_\_

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) \_\_\_\_\_

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile

Name of Local Test (e.g., NWEA, Acuity, OLSAT, DIBELS, mClass, STAR, etc.) \_\_\_\_\_

Report attached

Date	Subject Area	Score	Expected/Benchmark/Passing/ Grade Equiv/Percentile


Name of Classroom Based Assessments \_\_\_\_\_

Report attached

Date	Subject Area	Score	Expected/Benchmark

**INTERVENTION PLAN** (Use a separate sheet for each area targeted for intervention).

Subject	Form of data collected (AIMSweb, Easy CBM, behavioral log, DIBELS, etc.)			
Was the fidelity of administration and scoring of data collected checked <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fidelity of core curriculum delivery checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the fidelity of intervention delivery checked? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date Data Collected:	Baseline Data Results:			
Research-based materials/strategies used for intervention:	Group size:	Minutes/session:	# of days/wk provided:	Interventionist:
Date Data Collected:	Progress Monitoring Results:			
Research-based materials/strategies used for intervention:	Group size:	Minutes/session:	# of days/wk provided:	Interventionist:
Date Data Collected:	Progress Monitoring Results:			

**BOONE CLINTON JOINT SERVICES**

**Multi-disciplinary Team Data Form**

**PART 2: BEHAVIORAL CHECKLIST**

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Teacher: \_\_\_\_\_

*General Areas of Concern:*

<u>Language Arts</u>	<u>Math</u>	<u>Other</u>
<input type="checkbox"/> Phonemic Awareness <input type="checkbox"/> Word Identification <input type="checkbox"/> Vocabulary <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Written Expression <input type="checkbox"/> Writing Mechanics <input type="checkbox"/> Writing Conventions <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Number Sense <input type="checkbox"/> Math Facts <input type="checkbox"/> Problem Solving <input type="checkbox"/> Word Problems <input type="checkbox"/> Geometry <input type="checkbox"/> Measurement <input type="checkbox"/> Probability <input type="checkbox"/> Analysis <input type="checkbox"/> Other:	<input type="checkbox"/> Motor Skills <input type="checkbox"/> Sensory Integration <input type="checkbox"/> Speech/Language <input type="checkbox"/> Eating Habits <input type="checkbox"/> Sleep Habits <input type="checkbox"/> Other:

Place a check by any of the items that significantly interfere with classroom performance presently.

**Oral Language**

- Doesn't comprehend what is being said
- Isn't able to express self verbally
- Does not initiate or sustain conversations
- Low vocabulary
- Interprets figurative language literally
- Other:

**Math**

- Doesn't know basic facts
- Doesn't compute math problems correctly
- Lacks problem solving skills
- Trouble remembering measurements, formulas, etc.
- Other:

**Study Skills**

- Lacks organization/loses things
- Does not complete work
- Does not complete homework
- Performs poorly on tests and quizzes
- Does not participate in class
- Other:

**Sensory**

- Smell
- Tactile
- Hearing/Vestibular
- Taste
- Visual processing
- Other:

**Reading**

- Doesn't read smoothly or fluently
- Doesn't decode new words
- Doesn't use context to discern word meaning
- Isn't able to make inferences
- Cannot retell selection using own words
- Doesn't comprehend silent reading
- Doesn't enjoy reading

**Writing**

- Doesn't exhibit grade appropriate grammar in writing
- Doesn't exhibit ability to stay on topic in writing
- Is not able to express complete thoughts in writing
- Is not able to organize thoughts
- Lacks ability to draft thoughts before writing
- Other

**Spelling**

- Spells words incorrectly on weekly tests
- Doesn't apply phonetic rules in spelling
- Doesn't retain words previously learned
- Misspells high frequency words in writing
- Other:

**Fine Motor**

- Can't hold utensils for writing
- Not apply appropriate writing pressure
- Writes too slowly
- Trouble with a variety of fine motor tasks
- Other

**Gross Motor**

- Difficulty with balance
- Difficulty with coordination
- Difficulty with gait/ ambulation
- Other

**Behavior**

Describe any behavioral concerns or classroom management issues: \_\_\_\_\_

---

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Fidgets, is easily distracted</li> <li><input type="checkbox"/> Difficulty staying seated</li> <li><input type="checkbox"/> Shifts quickly from one activity to another</li> <li><input type="checkbox"/> Poor concentration/difficulty sustaining attention</li> <li><input type="checkbox"/> Difficulty following instructions</li> <li><input type="checkbox"/> Engages in impulsive behavior</li> <li><input type="checkbox"/> Shifts from one activity to another</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Talks excessively, interrupts often, doesn't listen</li> <li><input type="checkbox"/> Blurts out answers before question is completed</li> <li><input type="checkbox"/> Often loses things, very disorganized</li> <li><input type="checkbox"/> Has difficulty waiting his/her turn or in line</li> <li><input type="checkbox"/> Difficulty initiating tasks</li> <li><input type="checkbox"/> Difficulty completing tasks</li> <li><input type="checkbox"/> Difficulty working independently</li> </ul> |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Avoids group activities</li> <li><input type="checkbox"/> Controls group activities</li> <li><input type="checkbox"/> Difficulty working in groups</li> <li><input type="checkbox"/> Depressed/sad mood</li> <li><input type="checkbox"/> Disoriented, confused, staring or "spacey"</li> <li><input type="checkbox"/> Sleeping in class</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Difficulty playing quietly</li> <li><input type="checkbox"/> Engages in physically dangerous activities</li> <li><input type="checkbox"/> Does not have a preferred friend</li> <li><input type="checkbox"/> Shy/withdrawn</li> <li><input type="checkbox"/> Little or no interest in peers</li> <li><input type="checkbox"/> Feelings of worthlessness or low self-esteem</li> </ul>  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Low energy/fatigue</li> <li><input type="checkbox"/> Excessive separation difficulties</li> <li><input type="checkbox"/> Does not acknowledge personal space of others</li> <li><input type="checkbox"/> Poor appetite <input type="checkbox"/> Overeats</li> <li><input type="checkbox"/> Overly anxious, worrisome, or fearful</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Often is loud</li> <li><input type="checkbox"/> Deliberately annoys others</li> <li><input type="checkbox"/> Cries easily</li> <li><input type="checkbox"/> Argumentative with: <input type="checkbox"/> adults <input type="checkbox"/> peers</li> <li><input type="checkbox"/> Suicidal thoughts/acts</li> </ul>   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Temper tantrums</li> <li><input type="checkbox"/> Rapid mood changes/mood swings</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Blames others for mistakes</li> <li><input type="checkbox"/> Physically aggressive towards: <input type="checkbox"/> peers <input type="checkbox"/> adults</li> </ul>  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Defies adult requests and rules</li> <li><input type="checkbox"/> Angry/resentful</li> <li><input type="checkbox"/> Often complains about bodily aches</li> <li><input type="checkbox"/> Difficulty making decisions</li> </ul>   | <ul style="list-style-type: none"> <li><input type="checkbox"/> Easily frustrated</li> <li><input type="checkbox"/> Perseverates on ideas</li> <li><input type="checkbox"/> Gravitates toward inappropriate peer groups</li> <li><input type="checkbox"/> Excessive need for reassurance</li> </ul>  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Lies</li> <li><input type="checkbox"/> Substance abuse: <input type="checkbox"/> drugs <input type="checkbox"/> alcohol</li> <li><input type="checkbox"/> Stereotyped mannerisms</li> <li><input type="checkbox"/> Atypical/unusual fascinations or thoughts</li> <li><input type="checkbox"/> Destroys others' property</li> <li><input type="checkbox"/> Inappropriate touching of self</li> </ul>  | <ul style="list-style-type: none"> <li><input type="checkbox"/> Steals</li> <li><input type="checkbox"/> Often swears or uses obscene language</li> <li><input type="checkbox"/> Compulsive rituals</li> <li><input type="checkbox"/> Hallucinations: <input type="checkbox"/> Visual <input type="checkbox"/> Auditory</li> <li><input type="checkbox"/> Self-mutilation/self-injury</li> <li><input type="checkbox"/> Inappropriate touching of others</li> </ul>  |

Multi-disciplinary Team Data Form

Student \_\_\_\_\_

Comments regarding homework/assignment completion:

Comments/concerns regarding organizational skills:

Miscellaneous comments or concerns: