

Wakulla County School Board

Student Data Form

(to be completed before First IST Meeting)

A. Student Name:		ID#	Date:
		Grade:	
B. Parent Contact Information:			
Name:			
Address:			
Phone:			
C. DOB:		Good Cause Promotion(s) – Specify Grade Level(s):	
D. Attendance – Last Year		Attendance – Current Year	
Days Present	Days Absent	Days Present	Days Absent
E. Area(s) of Concern – WHY ARE YOU REFERRING THIS STUDENT TO THE INTERVENTION SUPPORT TEAM? (Attach any available documentation)			
Vision and Hearing Screening Information is available in the student's cumulative folder. This can be added at the IST meeting.			
F. Date of Vision Screening (must be w/in past 12 months) THIS MUST BE FILLED IN NO LATER THAN THE FIRST IST MEETING:		Date of Hearing Screening (must be w/in past 12 months): THIS MUST BE FILLED IN NO LATER THAN THE FIRST IST MEETING:	
_____		_____	
Results: Within Normal Limits <input type="checkbox"/> Yes <input type="checkbox"/> No		Results: Within Normal Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Rate the following characteristics as: (1) Never (2) Sometimes (3) Frequently			
Academic Concerns		Behavior Concerns	
Loss of interest/ Inattentive in class		Defiance of rules	
Appears to try hard without success		Obscene language/gestures	
Change in class participation		Constantly in the wrong place/area	
Inconsistent class/test grades; overall performance is inconsistent		Frequent use of hall passes/frequent physical complaints	
Low test scores		Dramatic attention seeking	
Reads below grade level		Fighting	
Little automaticity of recall on basic facts/skills		Sudden outburst/verbal abuse	
Difficulty completing assignments		"Care-less" attitude	
Difficulty following directions in sequence		Defensive/persecuted/argumentative/blaming	
Low frustration tolerance		Appears withdrawn	
H. Attach Tier I Intervention Plan documenting parent conferences.			
I. Services Received:		ESL/LEP/ELL	
___ Speech/Language Therapy		___ Title I	
___ Tutoring		___ Occupational Therapy	
___ Physical Therapy		___ Community Services	
___ Small Group/Ind. Guidance		___ Read 180/Intensive Reading	
___ 504 Accommodations		___ Credit Recovery	
___ BIP in place		___ Previously Screened/Evaluated – Year	
___ Previously Reviewed by IST – Years:			
J. Additional Comments/Information/Teacher Observations:			