

Worthington Middle School Cover Sheet Problem Solving Team

Date:		
Student Information:		
Name:	Parent:	
Grade:	Phone Number:	
DOB:	Address:	
Teacher Information:		
Teachers working with Student:	Parent Contact Information Parent was contacted by {Name}	

Area of Concern:

Reading	Math	Written Language
Behavior	Motor	Speech / Language

Strengths	Concerns

Health Information:

Vision Screening	Date
o Pass	
o Fail	
Hearing Screening	Date
o Pass	
o Fail	

Attendance Information:

Days Missed This Year	Days Missed Last Year

Previous School Services:

Intervention Class Date	Edge Date
Previous Sped Services Date	EL Services Date
Summer School Date	Retained Date

Required Attachments:

- ✓ Intervention Plan
- ✓ Progress Monitoring Graph(s)