

(Completed by the Problem Solving Team Consultant)

PROBLEM SOLVING TEAM PROBLEM IDENTIFICATION SCREENING SUMMARY

Student Name: _____

CUMULATIVE FOLDER REVIEW

HEALTH INFORMATION

- Vision Concern
- Hearing Concern
- ADHD
- Asthma
- Other Diagnosis: _____

PREVIOUS SCHOOLS/SERVICES

- Pre-Referral Interventions – Dates: _____
- Title 1 – Dates: _____
- SPED Eval / Services – Dates: _____
- Out of District – Dates: _____
- Retained – Dates: _____
- Home Schooled – Dates: _____
- Other

GRADES

ELEMENTARY

| | Math | Reading | Writing |
|-------|------|---------|---------|
| Above | | | |
| Meets | | | |
| Below | | | |

Other Concerns:

SECONDARY

GPA: _____
 Credits Earned: _____
 Other Concerns:

ATTENDANCE

Days Absent Last Year: _____
 # Days Absent Current Year: _____
 Other Concerns:

INTERVIEW SUMMARY

| | PARENT | STUDENT | TEACHER |
|--------------------|--------|---------|---------|
| DATE: | | | |
| TYPE OF INTERVIEW: | | | |

ATTACH COMPLETED INTERVIEW NOTES

CLASSROOM OBSERVATION

DATE: _____ BY: _____

TYPE: Interval Latency
 Frequency Duration

ATTACH COMPLETED OBSERVATION FORM(S)

TESTING RECORDS

ATTACH STUDENT TEST DATA SUMMARY

Be certain that all available AIMSweb, MAP, MCA & other data are reported