Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAIS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_ Date of Entry: \_\_\_\_\_\_\_\_\_\_ Screening Date:\_\_\_\_\_\_\_\_\_\_\_\_

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| **1. VISION YES NO**-Holds book too close or too far ( ) ( ) -Has trouble seeing board ( ) ( ) -Has trouble with eyes ( ) ( ) -Has weak note taking skills ( ) ( ) -Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **2. HEARING YES NO**-Does not respond to name, directions, or questions in class ( ) ( ) -Frequently asks for informationto be repeated or asks “What?” ( ) ( ) -Significant language delay ( ) ( ) -Appears to not pay attention ( ) ( ) -Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **3. MOTOR YES NO**-Problems with gross motor development (clumsy or awkward) ( ) ( )-Problems with fine motor skills (reaching, grasping, manipulation of objects) ( ) ( )-Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **4. COGNITIVE or ACADEMIC YES NO**-Learns very slowly compared to peers ( ) ( )-Attention problems (short attention span, focused on less relevant stimuli) ( ) ( )-Unable to read grade level material (books, passages) ( ) ( )-Unable to write at grade level (paragraphs, structured sentences) ( ) ( )-Unable to solve grade level math equations following instruction ( ) ( )-Difficulty recalling information ( ) ( )-Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **5. COMMUNICATION YES NO**-Has poor speech habits ( ) ( ) -Articulates poorly ( ) ( ) -Often stutters ( ) ( ) -Has difficulty expressing ideas ( ) ( ) -Has difficulty responding to instructions ( ) ( ) -Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **6. SOCIAL or BEHAVIORAL YES NO**-Displays externalizing behaviors, assaulting, vandalizing) ( ) ( )Displays internalizing behaviors (fears, phobias, depression, withdrawn) ( ) ( )Difficulty with unstructured environments or transitions between activities ( ) ( )Difficulty developing or maintaining peer or adult relationships ( ) ( )Inappropriate types of behaviors or reelings under normal circumstances ( ) ( )Short attention span ( ) ( )Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 5. **ADAPTIVE DEVELOPMENT** YES NO-Poor self-care skills related to personal hygiene, dress, maintaining personal belongings ( ) ( )-Poor social skills related to social perceptions, response to social cues, or socially acceptable language ( ) ( )-Poor ability to understand directions, communicate needs or express ideas ( ) ( )-Lack of school coping behaviors related to attention to learning tasks, organizational skills, following directions, and monitoring use of time ( ) ( )-Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **ADMINISTRATIVE ACTION** *(to be completed by administrator)*☐ NO PROBLEM NOTED AT THIS TIME ☐ NO FURTHER ACTION NEEDED | **DESCRIPTION OF ACTION TAKEN:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ☐ STUDENT HAS CURRENT IEP AND IS RECEIVING SPECIAL EDUCATION SERVICES☐ STUDENT HAS CURRENT SECTION 504 ACCOMMODATION PLAN AND IS RECEIVING ACCOMMODATIONS☐ Referred to the child study team( ) ( ) Parents notified within 10 school days if concerns were noted |

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(Signature of Reviewing Administrator) (Date)