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 information  to 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behaviors, assaulting, vandalizing) ( ) ( )  Displays internalizing behaviors (fears, phobias, depression, withdrawn) ( ) ( )  Difficulty with unstructured environments or transitions between activities ( ) ( )  Difficulty developing or maintaining peer or adult relationships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)