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Midland Independent School District
Student/Teacher Assistance Team Flow Chart

Teacher notices student difficulty

- Consults with colleagues
- Reviews cumulative folder
- Contacts parent
- Implements appropriate strategies/interventions

Parent notices child’s difficulty

- Consults with teacher
- Problem continues

Problem resolved

Problem continues

Tier II
STAT initiated through campus facilitator
Review all screening documents

STAT meets to determine classroom interventions
STAT Intervention Plan with or without accommodations and ED Screen-CR completed

Intervention Plan Implemented

Problem resolved

Problem continues

Periodic Review

Reconvene STAT

Request Special Education Consultation - Optional

Parental consent is required for a §504 Evaluation/Dyslexia Assessment, Tier III

Reconvene STAT

Review results of Data or Consultation
Review Intervention Plan §504 Determination
Meets§504 Eligibility- Tier IV

Continue Intervention Plan

Request Special Education Consultation/REED

STAT/REED mtg with Speech/Diag
Review STAT documents
Consult with Parents
Explain IDEA Rights
Provide Notice and Secure Consent, SE Testing

Meets IDEA Eligibility Tier IV

DNQ refer back to STAT

Problem resolved

Problem continues

Request Special Ed Consultation – LSSP Consultant

Explore §504

STAT Updated

Problem resolved

STAT Problem Continues

REED
TIER I: General Education

Step 1: Identify students at risk.
- Review cumulative folder for information
- Contact parent to discuss concerns
- Consult with colleagues (other teachers, counselors, social worker, assistant principal, literacy coach, math coach, instructional specialists)

Step 2: Implement appropriate classroom accommodations, strategies/interventions
- Implemented by general education teacher
- For 6-8 documented weeks

Step 3: Monitor response to general education
- Assess at a minimum of every 4 weeks.
- Decision point to be determined by district/campus.

Note: It is anticipated that 80% of all children will be successful in Tier I high-quality general education instruction in the core curriculum. (A Guide to the Admission, Review, and Dismissal Process, May 2007).

TIER II: Implementation of Supplementary, Diagnostic Intervention- Information to be put in RED folder

Tier II

Note: Children who are at risk are identified for Tier II targeted interventions through screening measures that indicate a child is having problems in academics or with behavior. When a child is identified as at risk through screening measures, the campus based support team may collect additional information from the teachers, parents, observations, disciplinary records, or other records.

The goal of any RTI process is to identify children who are at risk and intervene early. The targeted interventions a child receives in Tier II are those that have been proven successful in similar cases. The school will implement these interventions with fidelity over time. A child’s progress will be regularly monitored in Tier II. (A Guide to the Admission, Review, and Dismissal Process, May 2007).

Step 4: Referral to Student/Teacher Assistance Team (STAT), Diagnostic Intervention
- Minimum of 9 weeks
- Minimum of four 30 minute sessions weekly in addition to regular education instruction
- Implemented by classroom teacher and/or other support personnel
- Assessed weekly with CBM probes
- Reasons for referral to STAT:
  - Nonacademic reasons-
    *sudden change in behavior
    *poor conduct grades
    *discipline referrals
    *absence/tardy patterns
*poor social skills
*suspected neglect/abuse
*suspected substance abuse

Academic reasons-
*below district and/or state academic performance
*sudden change in grades
*consistent poor grades
*significant difficulty in a specific subject area
*poor organization/study skills

- Staff member initiating STAT should contact the campus STAT facilitator
- Parent initiating request should complete a parent request form (pg. 26) and parent input form – EDScreen IP1-IP7. STAT meeting must be held within ten school days for parent referrals.
- STAT team members (identify all applicable for child)
  *Teacher(s) of the child
  *Parent
  *Student (if applicable)
  *Counselor
  *School nurse
  *School improvement specialist
  *Instructional specialist
  *Licensed Specialist in School Psychology (LSSP)
  *Speech pathologist
  *Educational Diagnostician
  *Diagnostic specialist
  *Consultant
  *Social Worker
  *Special Education teacher
  *LPAC representative (required if student is LEP)
  *Dyslexia Teacher

Note: Intervention mentor may be any of the above as determined by the campus.

- Prior to STAT meeting, the following current information must be collected (Optional at Tier II, Mandatory at Tier III or when there is a parent request for a STAT/ 504/ or Special Education):
  *EDSCREEN-ER1&2 which includes previous special education, ESL, Bilingual history, a home language survey, LPAC information, attendance records, previous grades for two years if available, all state and district testing results.
  *EDSCREEN-OD is completed by a professional that does not teach the student and is not a special education staff member.
  *EDSCREEN-CBA 1-3 is completed by the classroom teacher
  *EDSCREEN-HI is completed by the campus health professional
  *EDSCREEN-IP 1-7 is completed by parent or guardian
  *STUDENT INPUT FORM is completed by the student unless student is unable to complete it due to age.
  *BEHAVIOR CONSULT LEVEL 1 OR 2 IF LSSP IS ATTENDING
  *IRLEN QUESTIONNAIRE/IRLEN SCREENING (Parent consent required)

- Problem is defined in objective and measurable language
- Identify focus of intervention and set goal
- Rule out motivation as causative factor
Step 5: Implementing and monitoring response to diagnostic treatment
- **Try intervention for minimum of 9 weeks**
- **Minimum of four 30 minute sessions per week in addition to regular instruction**
- **Support personnel utilized**
- **Treatment fidelity monitored by school administrator or designee**
- **General education teacher monitors progress with weekly CBM probes**
- **Intervention mentor to be available for support and technical knowledge**
- **Decision point to be determined by district/campus.**

Tier II and Tier III documentation and procedures:
- **Recommendations shall be documented on the EDSCREEN-CR and the STAT intervention plan.** A copy of the EDSCREEN-CR must be given to parent or guardian.
- Parent or guardian may receive copy of any document used to develop the plan and/or subsequent documents developed by the STAT committee, as they are educational records.
- **STAT folders will be kept in the student’s permanent record folder (PRC).** The STAT documents will be inserted into a red folder within the PRC.
- **STAT folders move with the PRC so that when a student graduates, moves district, schools etc., the STAT folder will go with the student.**
- Periodic review is required at district established decision points or at a minimum of annually.
- **Campus STAT/§504 facilitator must complete annual spreadsheet and turn into §504 coordinator, Dr. Michele Harmon, by the last day of school each year.** This spreadsheet will be sent to principals by September 15 each school year. This is a state requirement to keep this data to track the federal dollars being spent on early intervention services. It is a federal requirement so that the district’s §504 Child Find Requirement is fulfilled. The specific Tier II and/or Tier III interventions must be listed for each student on the form as well as the funding source(s).

TIER III: Intense Diagnostic Intervention

Note: The targeted interventions will be continually adjusted based on progress monitoring until the child meets with success. Children who do not respond to these targeted interventions within a reasonable period of time as suggested by research are referred for Tier III interventions. Tier III interventions are more intensive and individualized than Tier II interventions. (A Guide to the Admission, Review, and Dismissal Process, May 2007).

Step 6: More Intensive Diagnostic Intervention

- **Minimum of 9-12 weeks**
- **Two 30 minute sessions or one 60 minute session per day in the area of deficiency**
- **Treatment fidelity monitored by school administrator or designee**

Step 7: Monitoring response to diagnostic treatment

- **General education teacher monitors progress with weekly CBM probes**
- **Intervention mentor to be available for support and technical knowledge**
- **Decision point to be determined by district/campus.**
- **Assessed with weekly CBM probes**

**DYSLEXIA**

Based on the State of Texas’ identification of dyslexia, if a student is being recommended for assessment for dyslexia, then the parent needs to complete the consent for Dyslexia Screening Form and the appropriate
personnel and the STAT Committee will determine if an evaluation is needed to meet the student’s needs. This occurs in Grades K-12.

These procedures must be followed:

- Notify parents or guardians of proposal to assess student for dyslexia (§504);
- Inform parents or guardians of their rights under §504;
- Obtain permission from the parent or guardian to assess the student for dyslexia;
- Assess student, being sure that individuals/professionals who administer assessment have training in the evaluation of students for dyslexia and related disorders (19 TAC §74.28)

The notices and consents must be provided in the native language of the parent or guardian or other mode of communication used by the parent or guardian, unless it is clearly not feasible to do so. (Dyslexia Handbook, 2007)

Behavior: LSSP Consult Level 1 or Level 2

Tier IV

Step 8: Special Education

- IEP Team Meeting
- Procedural Safeguards
- REED Meeting with Parent Consent for Full Individual Evaluation
- Evaluation
- Decision Point
  - Exclusionary factors cannot be ruled out, Continue Tier III
  - Exclusionary factors ruled out – Develop an IEP
- §504 – See Step 7, Dyslexia

Academics:

Based on the above information and guidelines, the committee of knowledgeable persons determines whether the student has dyslexia. If the student has dyslexia, the committee of knowledgeable persons also determines whether the student has a disability under the Rehabilitation Act of 1973, §504. Not all Students with dyslexia are automatically eligible for §504. A student is considered to have a disability under §504 if the condition substantially limits the student’s learning. Students with additional factors that complicate their dyslexia may require additional support or referral to special education.

Note: If a child continues to experience difficulty in the general classroom after the provision of interventions, school personnel may refer the child for a FIE for special education services. A referral for a FIE for special education services may be initiated by school personnel, the child’s parents or legal guardian, or another person involved in the education or care of the child. If a parent makes a referral for a FIE for special education services, and the school decides an evaluation is not needed, the school must give prior written notice to the parent of its refusal to evaluate. (Dyslexia Manual, 2007)

A parent may directly ask for a FIE for special education services. A parent may begin this process of referral by indicating in writing to the teacher or administrator that he or she believes that the child is in need of special education services.

A school district has a duty to make a referral for a FIE for special education services anytime it suspects that a child has a disability and a need for special education services under the IDEA. If targeted interventions were tried and the child has not progressed as expected, or the child requires services beyond what is available in general education, the child may have a disability and a need for special education services. (A Guide to the Admission, Review, and Dismissal Process, May 2007).

Behavior: Refer to the LSSP and/or Educational Diagnostician
**EDUCATIONAL SCREENING/EXISTING EVALUATION DATA**
**INFORMATION FROM EDUCATIONAL RECORDS**

<table>
<thead>
<tr>
<th>Student Name:___________________________</th>
<th>ID# ___________</th>
<th>DOB:____________</th>
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</thead>
<tbody>
<tr>
<td>Campus:_______________________________</td>
<td>Grade:_________</td>
<td>Homeroom Teacher:__________________</td>
</tr>
<tr>
<td>Educational Concerns:___________________</td>
<td>____________________________</td>
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<td>____________________________</td>
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<td>____________________________</td>
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*(To be completed by campus administrator/classroom teacher)*

Is this student currently enrolled in school? If no, please explain:  
☐ Yes  ☐ No  

Has the student been retained? If yes, list grade level(s): ____________  
☐ Yes  ☐ No  

Has the student been referred for any special education services, including speech before? If yes, give previous referral date:____________  

Has student been suspended for disciplinary reasons during the current school year? If yes, please explain: ________________________  
☐ Yes  ☐ No  

Has student been in a dyslexia program in Midland ISD or in another school district? If so, list dates of implementation: _______________  

**HOME LANGUAGE SURVEY:**  
Informant:____________________   Date:______________   English:___________  Spanish:____________  

**LANGUAGE PROFICIENCY ASSESSMENT COMMITTEE (LPAC):**  
LPAC Date:______________  
Oral Language Proficiency Test Date:____________________

- Limited Spanish Speaking  
  ☐ Yes  ☐ No
- Limited English Speaking  
  ☐ Yes  ☐ No
- Placed in Bilingual/ESL  
  ☐ Yes  ☐ No
- Parent refused service  
  ☐ Yes  ☐ No
- If yes, date of refusal:__________
ATTENDANCE:
This student has been absent _____________ days out of ___________ school days during the 20__ school year.

Compared to last year, this student has been absent: _____More  _____Less  _____About the same

Please copy and attach the front section showing entrance/withdrawal to public schools from the student’s PRF.
List schools attended in the last 2 years:  __________________________________________
__________________________________________
__________________________________________

RECORDS OF GRADES: Review and attach last 3-years’ report cards and sample of student’s written work.

ACHIEVEMENT DATA: Attach a copy of the testing label page from the PRC.

This student’s test scores:
☐ have become better each year
☐ have stayed about the same each year
☐ have become worse each year
☐ data not available

Compared to the mean of the district, this student’s test scores:
☐ have become better each year
☐ have stayed about the same each year
☐ have become worse each year
☐ district mean not available

Attach copies of the following if applicable and available:

☐ Yes  ☐ No  Date________ Kindergarten checklist
☐ Yes  ☐ No  Date________ Terra Nova Results, including Cognitive Skills Index (CSI)
☐ Yes  ☐ No  Date________ TAKS & SDAA results
☐ Yes  ☐ No  Date________ All TPRI results/SPRI results
☐ Yes  ☐ No  Date________ Accelerated Reading Plans
☐ Yes  ☐ No  Date________ DRA results
☐ Yes  ☐ No  Date________ RR Recommended action
☐ Yes  ☐ No  Date________ TELPAS/ RPTE
☐ Yes  ☐ No  Date________ Accelerated Math Plan
☐ Yes  ☐ No  Date________ Reading Benchmark
☐ Yes  ☐ No  Date________ Writing Benchmark
☐ Yes  ☐ No  Date________ Math Benchmark
REVIEW OF EDUCATIONAL SCREENING/EXISTING EVALUATION DATA

Date

Student Name:_________________________________________________ ID#:__________________
Date of Birth:_______________________________ Campus/School:__________________________

OBSERVATION DATA

To be completed by a professional that does not teach the student and is not a special education staff member

NAME OF OBSERVER:______________________________________________

CLASS / SUBJECT OBSERVED:

☐ English / LA ☐ Math
☐ Reading ☐ Other: __________________________
☐ History / Social Studies ☐ Other: __________________________
☐ Science ☐ Other: __________________________

PUPIL / TEACHER RATIO DURING OBSERVATION PERIOD:

Students: ☐ Less than 10 ☐ 10 -- ☐ 15 ☐ 16--20 ☐ 21 or more

CLASSROOM ARRANGEMENT:

☐ Rows of desks ☐ Grouped desks ☐ Tables ☐ Centers ☐ Other

CLASSROOM ACTIVITY / LESSON DURING OBSERVATION PERIOD:

STUDENT - TEACHER INTERACTION:

______________________________________________________________

STUDENT - PEER INTERACTION:

______________________________________________________________

APPROACH TO TASK:

______________________________________________________________

LEARNING STYLE OBSERVED:

______________________________________________________________

ACADEMIC PERFORMANCE IN THE REGULAR CLASSROOM SETTING:

______________________________________________________________

Attends to Task

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Observed</th>
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Follows oral directions

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Follows written directions

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Participates in class discussions

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Interacts with peers when appropriate

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Out of seat without permission

How many times during observation?

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Speaks out without permission

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How many times during observation?

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Written task completed in allotted time

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</table>
REVIEW OF EDUCATIONAL SCREENING/EXISTING EVALUATION DATA  
(To be completed by classroom teacher)

Student’s Name: ________________________________ ID#: _______________________
Date of Birth: __/__/____
School/Campus: ____________________________________________

CURRENT CLASSROOM-BASED ASSESSMENTS AND OBSERVATIONS

Attach one sample of a graded math computation assignment and two samples of current written work: for example a story or written composition.

What instructional concerns do you have about this student?

___ poor progress acquiring basic Language Arts skills
___ poor progress acquiring basic reading skills
___ reading single words in isolation
___ word decoding (real and nonwords)
___ phonological awareness
___ letter knowledge (name and associated sound);
___ rapid naming
___ fluency/rate and accuracy;
___ reading comprehension; and
___ spelling
___ poor progress acquiring basic math skills
___ difficulty producing written work
___ few appropriate cognitive learning strategies
___ other:___________________________________________________________________
___ none

What behavioral concerns do you have about this student?

___ poor attention and concentration
___ non-compliance with teacher directives
___ excessively high activity level
___ difficulty following directions
___ easily frustrated
___ extreme mood swings
___ difficulty working with others
___ difficulty staying on task
___ other:______________________________
___ other: _____________________________

Rate student’s behavior in relation to other students of the same age in each of the following areas:
Circle one: 1=poor   2=below average   3=average   4=above average   5=superior   N=not observed

Receptive Language Skills

<table>
<thead>
<tr>
<th></th>
<th>1st Language</th>
<th>2nd Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehends word meaning</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Follows oral instructions</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Comprehends classroom discussion</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Remembers information just heard</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
</tbody>
</table>

Expressive Language Skills

<table>
<thead>
<tr>
<th></th>
<th>1st Language</th>
<th>2nd Language</th>
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</thead>
<tbody>
<tr>
<td>Displays adequate vocabulary</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Uses adequate grammar for general understanding</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Expresses self fluently when called upon to speak</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Relates a sequence of events in order (telling a story)</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Organizes and relates ideas and factual information</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
</tbody>
</table>

Emotional/Behavioral/Social

<table>
<thead>
<tr>
<th></th>
<th>1st Language</th>
<th>2nd Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generally cooperates or complies with teacher requests</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Adapts to new situations without getting upset</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Accepts responsibility for own actions</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Makes and keeps friends at school</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
<tr>
<td>Works cooperatively with others</td>
<td>1 2 3 4 5 N</td>
<td>1 2 3 4 5 N</td>
</tr>
</tbody>
</table>
Has an even, usually happy disposition
Is pleased with good work
Initiates activities independently
Responds appropriately to praise and correction
Resists becoming discouraged by difficulties or minor setbacks

Motor Coordination
Exhibits adequate gross motor coordination
Displays adequate fine motor coordination

Academic Characteristics – Compared to students on same GRADE LEVEL
Reads aloud material (estimated grade level: _____)
Comprehends material read (estimated grade level: _____)
Performs math computations at expected proficiency (estimated grade level: _____)
Spells material adequately (estimated grade level: _____)

Yes___ No___ Retains instruction from week to week.
Yes___ No___ Exhibits organization in accomplishing tasks.
Yes___ No___ Completes assignments on time.
Yes___ No___ Clear difference between student’s intellectual potential and actual achievement level, primarily in written language skills.
Yes___ No___ Student is prepared and organized for class.
Yes___ No___ Student participates in class discussions.
Yes___ No___ Student begins tasks promptly.
Yes___ No___ Student has difficulty beginning work.
Yes___ No___ Student needs one-on-one assistance.
Yes___ No___ Student stays on task.
Yes___ No___ Student has difficulty completing work.
Yes___ No___ Student has difficulty following written directions.
Yes___ No___ Writes legibly

Student interventions, services and special programs provided or considered in response to student’s problem(s)

___ Counseling
___ School health services
___ Bilingual /ESL services
___ Accelerated Instruction Plan Math
___ Accelerated Instruction Plan Reading
___ Dual Language Services

How long?___ Currently___ Results________________________
Instructional accommodations attempted in response to student’s problem(s) include:

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>How long?</th>
<th>Currently</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual tutoring</td>
<td></td>
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<tr>
<td>Alternate materials</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Priority seating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed seat</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Behavior contract</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Grading based on basis of individual growth</td>
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<tr>
<td>Oral tests</td>
<td></td>
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<tr>
<td>Peer tutoring</td>
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<td></td>
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<tr>
<td>Modified or shortened assignments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra time for completion of work, specify:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Taping written materials</td>
<td></td>
<td></td>
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<tr>
<td>Spell checkers</td>
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<tr>
<td>Calculators</td>
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<tr>
<td>Taped textbooks</td>
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<tr>
<td>Others(specify)</td>
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<tr>
<td>English as a second language strategies</td>
<td></td>
<td></td>
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<tr>
<td>Hands on activities</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

__Yes  ___No  Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems?

If Yes, cite specific observations.

__Yes  ___No  Has the student received additional reading instruction beyond regular classroom reading?

If Yes, circle appropriate services: Reading Recovery (1st grade only), Summer School, reading groups with Reading Specialist, Early Success, Soar to Success.

__Yes  ___No  Has the student ever had an accelerated reading plan?  Dates of implementation

Current reading group level

If Yes, attach a copy.

______________________________  ________________________________
Classroom Teacher’s signature  Date
REVIEW OF EDUCATIONAL SCREENING/EXISTING EVALUATION DATA
HEALTH INFORMATION

(To be completed by the campus health professional)

Student’s Name: ____________________________________________
DOB: ____________________________
Campus/School: ____________________________ ID#: ____________________________

VISION:
Date of most recent screening: ____________________________
Type of Screening: ____________________________
Name and position of person conducting screening: ____________________________

FAR VISION:
Results: Passed _______ with glasses/contacts _______ without glasses/contacts _______
Failed _______ with glasses/contacts _______ without glasses/contacts _______

NEAR VISION:
Informal screening indicates vision WNL for evaluation purposes:
☐ Yes ☐ No
Tested with glasses/contact lenses:
☐ Yes ☐ No
☐ Yes ☐ No As a result of the screening, is there any indication of a need for further assessment or adjustment? If yes, explain:
______________________________________________________________________________________________________
☐ Yes ☐ No Has any follow-up treatment been recommended? If yes, explain:
______________________________________________________________________________________________________

HEARING:
Date of most recent screening: ____________________________
Type of screening: ____________________________
Name and position of person conducting screening: ____________________________

Result: Passed _______ with hearing aids _______ without hearing aids _______
Failed _______ with hearing aids _______ without hearing aids _______
☐ Yes ☐ No As a result of the screening, is there any indication of a need for further assessment or adjustment? If yes, explain.
______________________________________________________________________________________________________
☐ Yes ☐ No Does the student exhibit any signs of health or medical problems? If yes, cite observations:
______________________________________________________________________________________________________
☐ Yes ☐ No Has any follow-up treatment been recommended? If yes, explain:
______________________________________________________________________________________________________
☐ Yes ☐ No Is the student receiving any medication at school? If yes, specify:
______________________________________________________________________________________________________
☐ Yes ☐ No Does this student require adaptive equipment or facility adaptation? If yes, specify:
______________________________________________________________________________________________________

Signature of person completing this section ____________________________ Position ____________________________
REVIEW OF EDUCATIONAL SCREENING
EXISTING EVALUATION DATA

PARENT INPUT FORM
(To be completed by parent or guardian)

Student Name: ___________________________ Address: ___________________________
ID#_________________________ DOB: _______________ Grade: __________________________
Campus: ___________________________ HR Teacher: ___________________________

Student’s parents have been contacted by:  Letter  Telephone  Conference  Unable to contact
Date(s) of contact: __________ __________ __________ __________ __________
Contacted by (school staff personnel) ___________________________ Position: ___________________________

The following information was obtained from: ___________________________

GENERAL INFORMATION (if additional space is needed, please use the back of this page)

________________________________________  _______________ ______________  ______________
Father’s Name  Occupation  Hm Phone  Wk Phone

________________________________________  _______________ ______________  ______________
Mother’s Name  Occupation  Hm Phone  Wk Phone

Who has legal authority to make educational decisions for this student? ___________________________

With whom does the student live? ___________________________

OTHER CHILDREN IN THE HOME:

Name: ___________________________ Age: ______  Relationship: ___________________________
Name: ___________________________ Age: ______  Relationship: ___________________________
Name: ___________________________ Age: ______  Relationship: ___________________________

OTHER ADULTS IN THE HOME:

Name: ___________________________ Age: ______  Relationship: ___________________________
Name: ___________________________ Age: ______  Relationship: ___________________________
Name: ___________________________ Age: ______  Relationship: ___________________________
1) What are some of your child’s strengths in school? ______________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2) What are some of your child’s strengths out of school? ___________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

3) What does your child do when not in school? (For example, watch TV, read, part-time job, play with other children.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4) Please describe your child’s behavior at home. (For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, and playmates?)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

5) What activities does the family do together? (For example, watch TV, go camping, participate in hobbies or sports.)
__________________________________________________________________________________________________
__________________________________________________________________________________________________

6) Is there a history of family members with learning problems? Please explain: _________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

7) Have there been any important changes within the family during the last 3 years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce.):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

8) Has the student ever been separated from the family due to family problems, health reasons, etc? If yes, how did the student react to the separation?_______________________________________________________
__________________________________________________________________________________________________

9) Has your child mentioned any problems with school? How does he/she feel about the problem?______________
__________________________________________________________________________________________________
10) Do you feel that your child is experiencing problems in school? Please be specific.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

11) When were you first aware of the problem?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

12) When did you share your concerns?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

13) With whom did you share your concerns?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

14) What do you think is causing the problem?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

15) What is the primary language spoken at home?

__________________________________________________________________________________________________

16) What language does your child speak most of the time?

__________________________________________________________________________________________________

17) What time does your child go to bed at night?

__________________________________________________________________________________________________

18) Does your child usually eat breakfast?

__________________________________________________________________________________________________

__________________________________________________________________________________________________
19) What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, rewards for good behavior.)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

20) What is your child’s reaction to discipline? ____________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

21) Does your child have a part-time job after school or on weekends, if yes please specify: ____________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

22) How long has the child been enrolled in U.S. schools? __________________________

23) Briefly discuss any other important information about your child: __________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
## CHILDHOOD HISTORY

<table>
<thead>
<tr>
<th>Does your child have or has he/she had any of the following:</th>
<th>YES</th>
<th>NO</th>
<th>Began at age</th>
<th>Stopped at age</th>
<th>Still has problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequent Fevers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Frequent earaches</td>
<td></td>
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<tr>
<td>Frequent vomiting</td>
<td></td>
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<tr>
<td>Frequent headaches</td>
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<tr>
<td>Thumbsucking</td>
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<tr>
<td>Nightmare</td>
<td></td>
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<tr>
<td>Sleepwalking</td>
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<tr>
<td>Head banging</td>
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<tr>
<td>Rocking of body</td>
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<tr>
<td>Teeth grinding</td>
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<tr>
<td>Bedwetting</td>
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<tr>
<td>Fingernail biting</td>
<td></td>
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<tr>
<td>Temper tantrums</td>
<td></td>
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<tr>
<td>Has run away from home</td>
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<tr>
<td>Ever lost consciousness</td>
<td></td>
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<tr>
<td>Ever had convulsions</td>
<td></td>
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</tbody>
</table>

Though not required, doctor’s reports, letters and diagnoses can be very helpful. Please attach those medical records so that the Committee can have a more complete picture of your child. If you would prefer, you may give the District written consent to seek records from your doctors directly. Please notify __________________________ (Coordinator) at __________________________ to get necessary form.

_____________________________  ________________________
Parent signature              Date
HEALTH HISTORY:

1) Were there any problems before, during or immediately after birth? If yes, please explain:_______________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2) Briefly describe any serious illnesses, accidents or hospitalizations. Please give your child’s age at the time of the
illness, accident, or hospitalization._____________________________________________________________________
_________________________________________________________________________________________________

3) Does your child appear to have any other physical problems, including allergies? If yes, please explain:___________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

4) Does your child use any special equipment or technology to improve functioning? If yes, please explain:___________
__________________________________________________________________________________________________

5) Is your child receiving services from another agency? If yes, please explain:__________________________________

6) At what age (in months) was student able to do the following:

   Sat without support _____________     Crawled ______________    Walked without support ______________

7) Is your child under the care of a physician for a medical problem? If yes, please explain:________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

8) Is your child taking any medications? If yes, please explain:__________________________________________________
9) Do you know of any side effects the medication might have? If yes, please explain:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

10) Has your child ever taken medicine for a long period of time? If yes, please explain:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

11) Are there family health concerns you would like us to be aware of at this time? If yes, please explain:
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

____________________________________________  _____ __________________________
Signature of Parent       Date

____________________________________________  _______________________________
Signature/position of person completing section   Date

____________________________________________  _____ __________________________
Signature of Interpreter      Date
STUDENT TEACHER ASSISTANCE TEAM INTERVENTION PLAN

STUDENT___________________________________________ GRADE_____  DOB______________
SCHOOL___________________________________________

PRIMARY LANGUAGE______________________________  □MALE  □FEMALE
TEACHER:_________________________________________

PARENT(S) NAME________________________________________________________________
MEETING DATE__________________________

STAT TEAM
Attendees:__________________________________________

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Known Information</th>
<th>Current Interventions</th>
<th>Current Accommodations</th>
<th>Concerns Prioritize</th>
<th>Strategies Brainstorm</th>
<th>Actions Prioritize</th>
<th>Responsibility Who When</th>
</tr>
</thead>
</table>

Follow Up Date:__________________________________________
STAT ACADEMIC INTERVENTION & ACCOMMODATION PLAN

Student’s Name ___________________________ I.D. Number ___________________________ Campus ___________________________

Accommodations Begin ________________ (date)

To assure better coordination among the teachers in the regular education program the checked instructional accommodations have been approved by the STAT Committee for the curriculum areas listed. Each teacher who serves this student shall review and implement the identified instructional accommodations under the supervision of the designated building administrator.

<table>
<thead>
<tr>
<th>STAT Intervention &amp; Accommodations</th>
<th>Reading</th>
<th>English/Language Arts</th>
<th>Spelling</th>
<th>Mathematics</th>
<th>Science</th>
<th>Social Studies</th>
<th>Other</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Class (See notes for additional explanation)</td>
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<tr>
<td>Accommodated Assignments Explain:</td>
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<tr>
<td>Intervention (s):</td>
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<tr>
<td>Modified Testing Format</td>
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<tr>
<td>Highlighted Textbooks</td>
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<tr>
<td>Note Taking Assistance</td>
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<tr>
<td>Extended Time Minutes:</td>
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<tr>
<td>Shortened directions (2-3 steps)</td>
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<tr>
<td>Peer Tutoring</td>
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<tr>
<td>Reduced Paper and Pencil Tasks</td>
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<tr>
<td>Preferential Seating</td>
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<tr>
<td>Do not count off for spelling (except on spelling tests)</td>
<td></td>
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<tr>
<td>Do not count off for handwriting</td>
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<tr>
<td>Use colored overlays</td>
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<tr>
<td>Allow someone to read aloud to student</td>
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<td></td>
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<tr>
<td>Allow student to read aloud to him or herself</td>
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<td></td>
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<tr>
<td>Allow use of computer for written work</td>
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<td>Other:</td>
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</tr>
<tr>
<td>Dyslexia Bundle (see TAKS Accommodation rules)</td>
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</tbody>
</table>

Regular Discipline Plan
☐ Yes ☐ No

Individual Behavior Intervention Plan
☐ Yes ☐ No

Other Services:
☐ Tutorial Program
☐ Counseling
☐ Other

The individual(s) responsible for the coordination & monitoring of these modifications:

Name ___________________________

THE INFORMATION ON THIS INSTRUCTIONAL ACCOMMODATION IS CONFIDENTIAL AND MAY ONLY BE AVAILABLE TO:

Teacher(s) of student
STAT Committee
Campus Administrator
Parent(s)
Special Education Staff
TEA Monitoring Team
School Counselor
Office of Civil Rights
Instructional Facilitators

22
The following behavior interventions have been established to redirect the inappropriate behaviors exhibited by the above named student:

<table>
<thead>
<tr>
<th>Intervention Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Talking Out:</strong></td>
</tr>
<tr>
<td>- Ignore, if possible</td>
</tr>
<tr>
<td>- Control through proximity to student</td>
</tr>
<tr>
<td>- Use frequent eye contact</td>
</tr>
<tr>
<td>- Use nonverbal clues or signals to cue the student</td>
</tr>
<tr>
<td>- Conference privately with student</td>
</tr>
<tr>
<td>- Other: ________________________________</td>
</tr>
<tr>
<td><strong>2. Out of Seat Behavior:</strong></td>
</tr>
<tr>
<td>- Assign preferential seating near the teacher</td>
</tr>
<tr>
<td>- Provide opportunities for acceptable movement such as collecting papers, distributing handouts, getting a drink, going to restroom</td>
</tr>
<tr>
<td>- Other: ________________________________</td>
</tr>
<tr>
<td><strong>3. Forgetting Supplies:</strong></td>
</tr>
<tr>
<td>- Keep extra supplies in classroom to loan/check out to student to avoid loss of instructional time</td>
</tr>
<tr>
<td>- Allow student to store supplies in classroom</td>
</tr>
<tr>
<td>- Provide reinforcement for demonstrating responsibility for supplies</td>
</tr>
<tr>
<td>- Other: ________________________________</td>
</tr>
<tr>
<td><strong>7. Other:</strong></td>
</tr>
<tr>
<td>- Other: ________________________________</td>
</tr>
<tr>
<td><strong>8. Other:</strong></td>
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<tr>
<td>- Other: ________________________________</td>
</tr>
<tr>
<td><strong>9. Other:</strong></td>
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<tr>
<td>- Other: ________________________________</td>
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<tr>
<td><strong>10. Other:</strong></td>
</tr>
<tr>
<td>- Other: ________________________________</td>
</tr>
</tbody>
</table>
After reviewing the Educational Screening/Existing Evaluation Data, including information from education records, current classroom-based assessments, observations, health information, and parent information, the Committee recommends the following:

☐ Implement the following strategies in General Education: _____________________________________________
   _____________________________________________
   _____________________________________________

☐ Provide accelerated/intervention services, as follows: _____________________________________________
   _____________________________________________

☐ Consider retention in current grade placement
☐ Review eligibility/services for district-adopted programs for Texas Reading Initiative
☐ Provide Compensatory Services (e.g. TAKS remediation)
☐ Review Title I eligibility/services
☐ Refer to ESL or Bilingual program for instruction based on home language/LPAC
☐ Refer to Dyslexia program for assessment
☐ Refer to General Education counselor for counseling services
☐ Refer to Section 504 for evaluation due to suspected physical or mental impairment that substantially limits a major life activity (e.g. walking, seeing, speaking, breathing, learning)
☐ Refer to Special Education for full and individual evaluation due to a suspected disability and a suspected need for special education

Referral of students for a full and individual evaluation for possible special education services shall be a part of the district’s overall, general education referral or screening system. Prior to referral, student experiencing difficulty in the general classroom should be considered for all support services available to all students, such as; tutorial, remedial, compensatory and other services. If the student continues to experience difficulty in the general classroom after the provision of interventions, district personnel must refer the student for a full and individual initial evaluation. 10 T.A.C. 89.1011
STAT RECEIPT FOR INTERVENTION PLAN(S)

Student’s Name: ___________________________________________   ID#: __________________

Grade:_________________   Campus: _____________________________________________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Teacher Signature:_______________________________________   Date:___________________

Accommodations Begin: _________________________________________

To assure coordination among the teachers in the general education program, the STAT Committee has approved the listed Intervention Plan. Each teacher who serves a STAT student shall review and implement the identified Intervention Plan under the supervision of the designated building administrator or campus STAT facilitator.

Each teacher is required to sign this form upon receiving a copy of the STAT Intervention Plan. This form is to be kept in the student’s STAT folder.
A request is made that data be gathered and analyzed for the student identified above. A request may be submitted for academic and/or behavioral difficulties.

Reason for request: (academic/behavioral/motor/speech and language development, and (or) communication skills)
Student Name: ___________________________ Date: __________________

Grade: _________ Teacher: ________________________________________

1. The subjects in which I am best are:
   A. __________________________________________
   B. __________________________________________
   C. __________________________________________

2. I learn best when ______________________________________
   ______________________________________
   ______________________________________

3. I want more help with these school subjects:
   A. __________________________________________
   B. __________________________________________

4. Other school activities I really like are: __________________________
   ______________________________________
   ______________________________________

5. The activities I like most when I am not at school are: ________________
   ______________________________________
   ______________________________________

6. If I could change one thing about school it would be:
   ______________________________________
   ______________________________________

7. When I do things well I like to do or get: __________________________
   ______________________________________
   ______________________________________

8. When I grow up I would like to be a: __________________________
   ______________________________________
   ______________________________________

9. One of my strengths is: ______________________________________
   ______________________________________
   ______________________________________
Student Name: ___________________________ Date: _________________

Grade: ___________ School: ________________________________

1. The subjects in which I am best are:
   A. ____________________________________________
   B. ____________________________________________
   C. ____________________________________________

2. I learn best when ____________________________________________

3. I would like more help with these school subjects:
   A. ____________________________________________
   B. ____________________________________________

4. Other classroom activities I like at school are: ________________________________

5. When I am away from school, activities I enjoy most are: ________________________________

6. If I could change one thing about school it would be: ________________________________

7. My goal in life is to: ________________________________________________

8. Two of my strengths are:
   A. ____________________________________________
   B. ____________________________________________

9. I currently work _______ hours a week at_______________________________________
Please use this page to ensure that the desires of the STAT Committee are clear to district personnel and third-party contractors who will implement the plan. For example, where extended time for assignments is checked, indicate the amount of extra time appropriate. Where modified testing is checked, indicate here how testing is to be modified.
The following procedures are recommended:

I. Behavior Consultation, Level 1, through STAT Committee Request

1. Documentation of:
   a. Functional Behavioral Assessment:
      Completed at Campus level __________________________ (Date)
   b. Behavior Intervention Plan:
      Completed at Campus level __________________________ (Date)
      Implemented: __________________________ (Date)
      Length of BIP (No less than 6 weeks is recommended) __________ Weeks

2. STAT Committee requests Behavior Consultation, Level 1, by the LSSP ________ (Date)

3. STAT Committee informs parent of Behavior Consultation, Level 1 ________ (Date)

Form completed by __________________________ Date

Received by __________________________ Date

Campus Contacted by __________________________ Date

Original – STAT Folder Copy - Parent
MIDLAND INDEPENDENT SCHOOL DISTRICT
Parent Consent for Behavior Consultation, Level 2, by Licensed Specialist in School Psychology (LSSP)

Student ____________________________________________________   Birth Date _______________
School ____________________________________________________    Grade ________  Age ______
Address  __________________________________________________________________________________
                      Street/P.O. Box                          City/State                        Zip Code

The above named student has been recommended by the STAT Committee on _______________ for a Behavior Consultation by the Licensed Specialist in School Psychology (LSSP).              (Date)

The purpose of the consultation is to provide assistance to the school to improve the learning process for your child. The data collected and reviewed by the LSSP may include:

1. Records review (i.e., grades, attendance, discipline, and/or special education folder)
2. Interviews with you and staff that work with your child.
4. Student observation reports, including interviews with your child.

☐   ☐ I have been fully informed in my native language or other mode of communication and understand the behavior consultation and why it has been recommended for my child/me. If NO, please explain: ____________________________________________________________

☐   ☐ I give permission for data about my child/me to be collected by the LSSP. If NO, please explain: ____________________________________________________________

☐   ☐ I understand that my consent for testing is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked). If NO, please explain: ____________________________________________________________

A copy of the written report of consultation including recommendations for further actions will be provided to you when completed.

__________________________________________      ___ _____________________________________
Signature of parent/guardian/adult student             Date

__________________________________________       _ _______________________________________
Signature of Interpreter, if used     Date

Original – STAT Folder                          Copy - Parent
MIDLAND INDEPENDENT SCHOOL DISTRICT

Request for Behavior Consultation, Level 2

Student________________________________________________ Grade______________________
Date of Birth _______________________ Campus________________________________________

The following procedures are recommended:

II. Behavior Consultation, Level 2, through STAT Committee Request

4. Documentation of:
   a. Functional Behavioral Assessment:
      Completed at Campus level_____________________________(Date)
   c. Behavior Intervention Plan:
      Completed at Campus level _______________________ ______(Date)
      Implemented: ____________________(Date)
      Length of BIP (No less than 6 weeks is recommended) ________Weeks
      Revised: ________________________(Date)
      Length of Revised BIP (No less than 6 weeks is recommended)______Weeks

5. STAT Committee requests Behavior Consultation, Level 2, by the LSSP__________(Date)

Complete above information and attach Parental Consent and send to the Special Education office.

________________________________________________________________________________
Form completed by ___________________________ Date

________________________________________________________________________________
Received by ___________________________ Date

________________________________________________________________________________
Campus Contacted by ___________________________ Date

Original – STAT Folder Copy - Parent
REVISIÓN DE PROYECCIÓN EDUCATIVA
DATOS DE EVALUACIÓN EXISTENTES

FORMA DE ENTRADA PATERNAL
(Para ser completada por padre/guardia)

INFORMACION GENERAL (si espacio adicional es requerido, por favor usar la parte de atrás de esta pagina)

Nombre del Padre       Ocupación       Teléfono: Casa       Trabajo

Nombre de la Madre      Ocupación      Teléfono: Casa       Trabajo

¿Quien tiene custodia legal para hacer decisiones educativas para el estudiante?

¿Con quien vive el estudiante?

OTROS NIÑOS EN LA CASA:

Nombre: _________________________ Edad: ______
Relación: ____________________

Nombre: _________________________ Edad: ______
Relación: ____________________

Nombre: _________________________ Edad: ______
Relación: ____________________

OTROS ADULTOS EN LA CASA:

Nombre: _________________________ Edad: ______
Relación: ____________________

Nombre: _________________________ Edad: ______
Relación: ____________________

(ID. __________________   Fecha de Nacimiento: ________________   Grado: __________________________

Escuela: _______________________________   Maestra de Salón: _________________________________

Los padres del estudiante han sido contactados por: ___Carta   ___Teléfono   ___Conferencia   ___Imposible contactar
Fecha(s) de contacto: __________    __________     __________   ___________    __________

Contactado por (personal escolar)_______________________________   Posición:_________________________

Se obtuvo la siguiente información de:__________________________________________________________

(Esta sección para ser completada por el profesor)

Estudiante: _________________________________   Dirección: ___________________________________

ID. __________________   Fecha de Nacimiento: ________________   Grado: __________________________

Escuela: _________________________________   Maestra de Salón: _________________________________

Los padres del estudiante han sido contactados por: ___Carta   ___Teléfono   ___Conferencia   ___Imposible contactar
Fecha(s) de contacto: __________    __________     __________   ___________    __________

Contactado por (personal escolar)_______________________________   Posición:_________________________

Se obtuvo la siguiente información de:__________________________________________________________
1) ¿Cuáles son algunas destrezas que posee su niño en la escuela?
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__________________________________________________________________________________________________
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2) ¿Cuáles son algunas destrezas que posee su niño fuera de la escuela?
__________________________________________________________________________________________________
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3) ¿Qué hace su niño cuando no está en la escuela? Por ejemplo, ve TV, lea, trabajo medio tiempo, juega con otros niños.
__________________________________________________________________________________________________
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4) Por favor describa el comportamiento de su niño en casa. (Por ejemplo, él/ella es comporta bien generalmente? ¿Ha habido algún cambio reciente del comportamiento? ¿Cómo se comporta cuando juega con otros miembros de familia, vecinos o amigos de juego: __________________________________________________________________________
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5) ¿Qué actividades hacen juntos la familia? (Por ejemplo, ver televisión, deportes, etc.)________________________
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6) ¿Hay una historia de problemas de aprendizaje en la familia? Por favor explique: ______________________________
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7) ¿Han habido cambio importante en la familia durante los últimos 3 años? (Por ejemplo, cambios de trabajo, movimientos de vecindario, nacimientos, enfermedades, separaciones, divorcio.): ______________________________
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8) ¿Ha sido retirado el estudiante de la familia debido a problemas familiares, motivos de salud, etc.? ¿Sí sí, cómo reaccionó el estudiante a la separación?_______________________________________________________
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9) ¿Ha mencionado su niño algún problema con la escuela? Como se siente él/ella siente sobre el problema: __________
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10) ¿Siente usted que su niño experimenta problemas en la escuela? Por favor especifique: ________________________
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11) ¿Cuándo se percato del problema por primera vez? ____________________________________________________
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12) ¿Cuándo compartió usted sus preocupaciones? ________________________________________________________
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13) ¿Con quien compartió usted sus preocupaciones?_______________________________________________________
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14) ¿Qué cree usted que es la causa el problema? __________________________________________________________
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15) ¿Cual es el idioma principal en casa? ________________________________________________________________
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16) ¿Cuál es el idioma que su hijo habla principalmente en la casa? ___________________________________________
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17) ¿A que hora se acuesta su hijo? _____________________________________________________________________

18) ¿Desayuna en la mañana su hijo? ___________________________________________________________________

19) ¿Qué métodos de disciplina son usados con su niño en casa? (Por ejemplo, gesticos físicos, trabajar en la casa, acostarse temprano, recompensa por buen comportamiento): ____________________________
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20) ¿Cuál es la reacción de su niño ante la disciplina? _____________________________________________________
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21) ¿Tiene su niño un trabajo de media horada después de la escuela o los fines de semana? Si responde si, por favor
Especifique: _______________________________________________________________________________________
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22) ¿Cuánto tiempo lleva matriculado en escuelas estadounidenses su hijo? _________________________________
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23) Brevemente hable de cualquier otra información importante sobre su niño: _____________________________
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HISTORIAL INFANTIL

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<th>Tiene o a tenido cualquiera de los siguientes síntomas:</th>
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<th>Paro a la edad</th>
<th>Todavía tiene problemas</th>
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<td>Ataques febriles</td>
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Aunque no es requerido, los informes del doctor, las cartas y los diagnósticos puedan ser muy provechosos. Por favor adjunte aquellos archivos médicos de modo que el Comité pueda tener un cuadro más completo de su niño. Si usted prefiriera, usted puede dar al Distrito el consentimiento escrito para que el distrito obtenga la información de sus doctores directamente. Por favor notifique el ____________________________ (Coordinador) al ____________________________________________ para conseguir la forma necesaria.

__________________________  __________
Firma del Padre        Fecha
HISTORIAL DE SALUD:

1) ¿Hubieron problema antes, durante o inmediatamente después del nacimiento? Si, por favor explique:

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

2) Brevemente describa cualquier enfermedad grave, accidentes u hospitalizaciones. Por favor dé la edad de su niño, describa la enfermedad, accidente, o hospitalización________________________________________________________
________________________________________________________________________________________________
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3) ¿Tiene algún otro problema físico o alergias? Si, por favor explique:________________________________________
_________________________________________________________________________________________________
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4) ¿Usa su niño algún equipo especial o tecnología para mejorar su funcionamiento? Si, por favor explique:________________________________________________________________________________________
__________________________________________________________________________________________________

5) ¿Recibe su hijo servicios ompoyo de otras agencias? Si, por favor explique: __________________________________

6) ¿A que edad (en meses) fue capaz el niño de hacer lo siguiente:

Se sentó sin apoyo: _____________     Gateo: ______________    Camino sin apoyo: ______________

7) ¿Esta bajo el cuidado medico su hijo debido a problemas de salud? Si, por favor explique:

__________________________________________________________________________________________________
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8) ¿Esta tomando medicamentos su hijo? Si, por favor explique: ________________________________

__________________________________________________________________________________________________
9) ¿Sabe usted de algún efecto secundario que la medicación podría causar? Si, por favor explique: __________________________
__________________________________________________________________________________________________
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10) ¿Ha tomado medicina durante un período largo? Si, por favor explique: ______________________________________
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11) ¿Hay preocupaciones de salud de familiar que gustaríamos informarnos? Si, por favor explique: ________________
__________________________________________________________________________________________________
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____________________________________________  _____ __________________________
Firma del Padre       Fecha

____________________________________________  _______________________________
Firma/posición de persona completando este formulario                   Fecha

____________________________________________  _____ __________________________
Firma del Interpretador      Fecha
Se hace una petición para reunir y analizar los datos concernientes a dificultades de aprendizaje que el estudiante antes mencionado pueda tener.

Razón de la petición: (desarrollo académico/ de comportamiento/ motor/ de lenguaje y habla, y (o), habilidades de comunicación)
INFORME DEL ESTUDIANTE - PRIMARIA

Nombre del Estudiante: ___________________________ Fecha: ______
Grado: ___________________________ Maestro/a: _____________

1. Mis mejores materias son las siguientes:
   A. __________________________________________________________
   B. __________________________________________________________
   C. __________________________________________________________

2. Yo aprendo mejor cuando ______________________________________________

3. Yo quiero más ayuda con las siguientes materias escolares:
   A. __________________________________________________________
   B. __________________________________________________________

4. Otras actividades escolares que realmente me gustan son: ______________________________________________

5. Cuando no estoy en la escuela, las actividades que me gustan más son: ______________________________________________

6. Si yo pudiera cambiar una cosa de la escuela, cambiaría: ______________________________________________

7. Cuando hago algo bien, me gusta hacer o recibir ______________________________________________

8. Cuando yo sea grande me gustaría ser un(a): ______________________________________________

9. Una de mis mejores habilidades es: ______________________________________________
Nombre del Estudiante: ________________________________ Fecha: ______

Grado: ______

1. Mis mejores materias son las siguientes:
   a. ______________________________________________________
   b. ______________________________________________________
   c. ______________________________________________________

2. Yo aprendo mejor cuando ______________________________________

3. Me gustaría tener más ayuda con las siguientes materias escolares:
   a. ______________________________________________________
   b. ______________________________________________________

4. Otras actividades en las clases que me gustan son:______________________________
   __________________________________________________________________________

5. Cuando no estoy en la escuela, las actividades que me gustan más son:______________________________
   __________________________________________________________________________

6. Si yo pudiera cambiar una cosa de la escuela, cambiaría:______________________________
   __________________________________________________________________________

7. Mi meta en la vida es: ________________________________________________
   __________________________________________________________________________

8. Dos de mis mejores habilidades son:
   a. ______________________________________________________
   b. ______________________________________________________

9. Actualmente trabajo _________ horas por semana en ____________________________
# STUDENT TEACHER ASSISTANCE TEAM LOG - TIER II

## New Students 2007-2008

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<th>MISD I.D. #</th>
<th>NEW STAT STUDENT 06-07</th>
<th>STUDENT ETHNICITY</th>
<th>LEP</th>
<th>F/R Lunch</th>
<th>TEACHER</th>
<th>TEACHER ETHNICITY</th>
<th>SOURCE OF REFERRAL</th>
<th>DATE OF INITIAL MEETING</th>
<th>DATE OF 2nd MEETING</th>
<th>DATE OF 3rd MEETING</th>
<th>DATE OF 4th MEETING</th>
<th>TIER 2 INTERVENTION FUNDING SOURCE(S)</th>
<th>RECOMMENDATIONS</th>
<th>RESULTS</th>
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# STUDENT TEACHER ASSISTANCE TEAM LOG - TIER II

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2006-2007

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