Harlan County Public Schools

Response to Intervention Student Information Sheet

|  |  |
| --- | --- |
| Student Name: | Teacher Name: |
| Student ID# | DOB: Age: Grade: |
| Child Lives with: | Date Guardian/Parent was Contacted: |
| Address: | |
| Mother’s Name: | Father’s Name: |
| Home Phone #: Work #: | Home Phone #: Work #: |

Attendance Record (list all years available):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School Year |  |  |  |  |  |
| School |  |  |  |  |  |
| Days Enrolled |  |  |  |  |  |
| Days Absent |  |  |  |  |  |
| Days Tardy |  |  |  |  |  |

Has the student previously been referred for 504 or Special Education and Related Services?  yes  no

If yes, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What were the results (i.e., dismissed, did not qualify, DD)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student wear: Glasses  Yes  No

Hearing Aids  Yes  No

**Currently receiving (mark all that apply):**

ESS  Individual Counseling  Reading Recovery  21st Century

OT/PT  Tutoring  Speech/Language Therapy  Agency Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other  Other\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Indicate the student’s area of need(s):**

**Reading Math Behavior**

Reading Fluency  Geometry  Hyperactivity/Inattention

Phonemic Awareness  Numbers and Operations

Phonics  Measurement **Writing**

Reading Comprehension  Data Analysis  Basic Writing

Reading Vocabulary  Algebra  Written Expression

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_