



## Student Support Information Checklist - Applicant

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Date of most recent testing: \_\_\_\_\_ Re-evaluation date: \_\_\_\_\_

Diagnosis 1: \_\_\_\_\_ Diagnosis 2: \_\_\_\_\_ Diagnosis 3: \_\_\_\_\_

<i>Task</i>	<i>Initial/Date</i>	<i>Comments</i>
Student Supplemental Information Form		
Full Psych Ed		
Speech/Language Report		
OT Report		
PT Report		
ABA/Behavioral Specialist		
Professional Communication #1:		
Professional Communication #2:		
Professional Communication #3:		
IEP		
Teacher Recommendation		
Schedule Visit		
Medical Professional		
Student Support Plan (if Catholic School Transfer)		



## Student Supplemental Information

(To Be Completed by Parents)

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

### *Family History*

Please share information about the support/ intervention your child has received, if any. **If evaluations have been completed, please provide a copy of the report.**

At what age did you suspect your child may need intervention? \_\_\_\_\_

What indicators did you see?

Is there a family history of learning differences? If yes, please explain.

Is your child adopted? \_\_\_\_\_ If yes, does he/she know? \_\_\_\_\_

Have there been any important events (e.g. moving, divorce, accidents, illness, deaths) in your family that have affected your child? If yes, how do they affect your child now?

***Medical History***

What operations, accidents, illnesses and/or hospitalizations has your child had and at what age? Please describe the circumstances.

Does your child have any chronic conditions (e.g. allergies, asthma, epilepsy)? \_\_\_\_\_

Is your child on medication currently? \_\_\_\_\_ If yes, what medication and what is the reason for use?

Does your child have a history of high fevers and/or seizures? If so, please describe:

Does your child have a history of ear and/or respiratory infections? If yes, please describe.

## ***Physical Development***

At what age did your child do the following:

Walk? \_\_\_\_\_ Talk? \_\_\_\_\_ Stand? \_\_\_\_\_ Tie shoes? \_\_\_\_\_ Ride a bike? \_\_\_\_\_ Toilet Trained? \_\_\_\_\_

What are your child's sleeping habits? What difficulties do you encounter, if any?

What are your child's present eating habits? What difficulties do you encounter, if any?

What was your child like as a toddler? For instance, was he/she quiet, easy-going, clingy, independent, impulsive, enthusiastic, defiant, negative?

What was your child's reaction to his/her first school and/or daycare experience? Did he/she have a hard time separating at the beginning?

***Language Development***

At what age did your child say his/her first words? \_\_\_\_\_

At what age did your child begin combining 2 and 3 words together? \_\_\_\_\_

Does your child have difficulty organizing and expressing his/her ideas? \_\_\_\_\_

Can he/she retell a story in logical order? \_\_\_\_\_

Other than English, are there other languages spoken at home? If so, which language/s and by whom?

***Social Development***

What is your child like at home? Please include your child's activity level and relationship with siblings.

Are your child's friends the same age, older or younger? \_\_\_\_\_

How does he/she generally get along with friends?

What are your child's interests, skills, hobbies?

What sports does your child play, if any?

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Describe any counseling your child has received or is receiving:

### *Academic Development*

Academic strengths of your child:

Study and work habits of your child:

Describe how your child manages obstacles/challenges. Does he/she persevere? Give up easily?

Describe the organizational skills of your child:

Please briefly describe any particular circumstances which may have affected your child's record in school, including but not limited to: attention or behavior difficulties, medical needs, hospitalizations and frequent changes of school. Please include dates when possible.

In what ways would you most like to see your child develop during his/her year in the Diocese of Nashville Catholic Schools?

## Professional Reference Release of Information

Parent/Guardian: Please complete this form by listing professional providers and their contact information below. Professional providers can include a classroom teacher from another school, educational tutor, speech language pathologist, psychologist, counselor, etc. Please indicate the services provided by each reference listed.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

### Professional Provider:

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Professional Provider:

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Professional Provider:

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Your signature gives (school name) \_\_\_\_\_

Staff permission to contact via phone, email, fax and/or written request for release of transcripts, teacher reports, evaluations, standardized testing, and all other information pertaining to the educational, physical and emotional status of my child.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## STUDENT OBSERVATION FORM

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Observer:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Start Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Adults:** \_\_\_\_\_ **Students:** \_\_\_\_\_

**Learning Situation Location:** \_\_\_\_\_

**Classroom Activity:**

**Signature of Observer:** \_\_\_\_\_

*Please add additional pages as needed.*



## Student Support Plan: General

School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Secondary Diagnosis: \_\_\_\_\_

Evaluation Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Date of Re-evaluation: \_\_\_\_\_ Support Team Manager: \_\_\_\_\_

Speech/Language Evaluation Y/N If yes, Therapist: \_\_\_\_\_

OT Evaluation Y/N If yes, Therapist: \_\_\_\_\_ Additional

Information (title services/tutoring/counseling/etc.):

Student strengths/ways to implement during the school year:



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Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

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Evaluation Date: \_\_\_\_\_ Evaluator: \_\_\_\_\_

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Information (title services/tutoring/counseling/etc.):

Student strengths/ways to implement during the school year:



## Student Support Plan: Student Goal/s and Progress

*Please add additional goals as needed. Complete both pages of this document for each goal.*

<b>Student Name:</b>
<b>Content Area:</b>
<b>Person(s) responsible for implementing goals on this page:</b>
<b>Annual Goal:</b>
<b>Methods/Materials:</b>
<b>Parent Contributions:</b>

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



## **Student Support Plan: Student Goals and Progress, Cont.**

Student Progress and Recommendations:

**November:**

**February:**

**May:**

*For Catholic Schools supports only and may not allow services beyond the Catholic school environment.*



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## Accommodations

<b>Student:</b>
<b>School Year:</b>
<b>Date:</b>

*Check all that apply.*

<b>ACADEMICS:</b>	<b>ORGANIZATION:</b>
Extra time to complete assignments	Peer help with organizational skills
Directions given orally/in writing	Sending home daily/weekly progress notes
Provide multi-sensory hands-on Instructional activities	Teacher and parent initial homework/ assignments
Shorten length of assignments	Provide homework assignment notebook
Divide assignments into steps	<b>RESPONSE TO BEHAVIOR:</b>
Use concrete manipulatives	Praising specific behaviors
Use visual aides	Cueing student to stay on task
Use highlighted texts	Classroom behavior management system
Use graphic organizers/study guides	Keep classroom rules simple and clear
Use calculator	Allow time out of seat to run errands
Grammar, spelling, punctuation errors not evaluated	Contracting with student – Individual Behavior Plan
Allow someone to write answers for student	<b>OTHER:</b>
Not grading handwriting	1-to-1 instruction for specific goals
Shorten requirements	Projects in place of assignment
Minimize memory demands	Individual learning center
Vocabulary list prior to lessons	Credit for class participation
Repetition of explanation: practice	Use study carrel when needed
Provide copies of material copied from board	Preferential seating (describe):
Provide copies of notes from classmate	
Have students repeat directions	
Use index cards etc to track while reading	
Use highlighter to focus on directions/examples	<b>OTHER: (Please Describe)</b>
<b>TESTING:</b>	
Extra time to complete tests and quizzes (if checked, please explain):	
Tests given/taken orally with reading assistance, computer	
Shorten tests (if multiple, similar questions)	
One-on-one testing	
Assess via portfolio	
Take test in smaller setting	
Use word bank	
Retake tests below ____ % (specify)	
Provide essay questions in advance	



## Modifications:

**Modifications** change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to: the curriculum a child studies; the way a child is assessed; the type of instructional techniques used to teach the child critical skills such as reading, writing, or mathematics. The purpose of modifications is to allow children who have a specific disability or specialized educational needs an opportunity to receive necessary therapeutic or educational interventions in order to master critical skills.

*NOTE: Students receiving modifications will also receive accommodations. However, students only receiving accommodations will not receive modifications.*

***Check all that apply. Please list additional modifications in the table below.***

Ability Level Math.		
Ability Level Language Arts		
Ability Level Science		
Ability Level Social Studies		
Ability Level Spelling		
Reduce the number of multiple-choice options and simplify language		
Select standards assessed		
Audio version of novel or similar text at a lower reading level		
Verbal responses or outline in lieu of writing essay		



## Student Support Meeting Notes/ Signatures of Attendance

**Student:** \_\_\_\_\_ **Meeting Date:** \_\_\_\_\_

**Notes:**

**In attendance at the meeting:**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_



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Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_

5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_