

SPECIAL EDUCATION DEPARTMENT

STUDENT DATA SHEET

STUDENT: _____ BD/CA: _____

Present Address: _____

Parent/Guardian: _____

School: _____ Grade: _____

Previous Psychological Testing: ☐ Yes ☐ No Grades repeated: _____

Attendance Record: ☐ Poor ☐ Satisfactory

Comment: _____

Standardized Test Results:

	Grade Level	Assessment Instrument	Date Assessed
Reading:			
Spelling:			
Arithmetic:			

Educational Intervention:

	Frequency/Time	Teacher
Chapter 1:		
Remediation Assistance Program:		
Migrant:		
English Second Language:		
Reading Lab (L & C):		
Other:		

Describe any exceptional program or approach attempted in the classroom to provide educational success (i.e., peer tutoring, token economy, etc.)

List any medications used, reason and name of prescribing doctor:

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VISION: ☐ Wears glasses ☐ Eye surgery Date, Doctor and results of latest eye Exam: _____

HEARING: ☐ Wears hearing aid ☐ Right ear ☐ Left ear Any reason to
Suspect hearing difficulty? _____
☐ History of ear infections ☐ Ear surgery at age _____ Date, Doctor and results of last hearing
exam. _____

ADJUSTMENT: ☐ Few friends ☐ Many friends ☐ Self confident ☐ Fearful
☐ Outgoing ☐ Withdrawn ☐ Happy ☐ Moody ☐ Independent
☐ Dependent ☐ Easily Upset ☐ Cooperative ☐ Belligerent ☐ Easily Upset
☐ Sensitive ☐ Temper Tantrums

Describe :

Family Relationships: _____

Peer Interactions: _____

Social-Emotional Adjustment: _____

SELF HELP SKILLS: Is the child:

<input type="checkbox"/> Responsible	<input type="checkbox"/> Lazy	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Energetic	<input type="checkbox"/> Easily Tired	<input type="checkbox"/> Slow Worker	<input type="checkbox"/> Quick Worker
<input type="checkbox"/> Careful	<input type="checkbox"/> Careless	<input type="checkbox"/> Finishes Projects	<input type="checkbox"/> Always late/behind

CONCERNS YOU HAVE ABOUT THIS CHILD:

Development: _____

Behavior: _____

School: _____

Social: _____

Emotional: _____

Attitude toward authority: _____

Attitude toward school: _____

Other: _____

Has child ever: ☐ been retained? If so, what grade? _____
 ☐ had remedial classes? If so, what subject? _____
 ☐ been on an IEP for Special Education services? Where/When? _____

Signature

Relationship to Child

Date