

Beaverton Middle School Child Study Team Form

The following information will be used to petition a formal request for a student to be placed on the Child Study Team agenda.

Student Name:

Staff Name:

Grade:

Date of Request:

Parent Notified: Yes No

I. Reason for recommending student to Child Study Team Committee:

- Poor Attendance Low scores on tests/quizzes Socialization problems
 Classroom discipline problem Failure to complete assignments Attention Problems
 Lacks organizational skills
 Reading (State Specific Problem Area)
 Math (State Specific Problem Area)
 Writing/Spelling (State Specific Problem Area)
 Other Academic Area (State Specific Problem Area)
 Other Nonacademic Concern (State Specific Problem Area)

Please check all that apply:

Key: Usually Sometimes Never NA

	U	S	N	NA	Comments (Where relevant)
Work Habits					
Listens to and follows directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes homework on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completes class work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains on-task behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty understanding complex directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to maintain attention over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Willingly makes corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Promptly responds to teacher requests or prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comes to class prepared to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works well independently without relying on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsibility					
On time and present for school and class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates organization skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates ability to arrive on time for scheduled responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

School Achievement				
Maintains grades consistently with his/her potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading achievement at expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math achievement at expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing achievement at expected level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates effort to do his/her best quality work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills				
Learns from past mistakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to express anger appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can handle anger appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from being self-abusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits adequate hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrains from interrupting others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks help when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult & Peer Relationship				
Knows how to join group activity without the need to dominate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses positive communication with adults & peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates age-appropriate social behaviors with a variety of adults & peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develops and maintains friendships, not isolated by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student Performance Report: (Attach Skyward Progress Report, Attendance Report, MEAP & MAP scores, STAR Reading & Math Scores, or copy of Student Data Card (grades 4-6))

Subject	Academic Grade
English	
Reading	
Math	
Science	
Social Studies	
Other	

II. Interventions Attempted

Instruction		Grading	
<input type="checkbox"/>	Extra practice on lessons	<input type="checkbox"/>	Credit/No Credit
<input type="checkbox"/>	Peer tutoring	<input type="checkbox"/>	Other
<input type="checkbox"/>	Academic Intervention: (circle all that apply) small group, tutoring, after school program, one-on-one with aide/teacher, differentiated instruction, Title I support	Organization	
<input type="checkbox"/>	Computer assisted instruction	<input type="checkbox"/>	Simplify, repeated instructions
<input type="checkbox"/>	Varied instructional modes (multi-sensory learning styles) Explain	<input type="checkbox"/>	Review directions
<input type="checkbox"/>	Other	<input type="checkbox"/>	Guided notes
Materials		<input type="checkbox"/>	Agenda check
<input type="checkbox"/>	Copies of texts at home	<input type="checkbox"/>	Preferential seating
<input type="checkbox"/>	Graphic organizers provided	<input type="checkbox"/>	Color coded materials
<input type="checkbox"/>	Audiovisual aids	<input type="checkbox"/>	Assign a buddy to check agenda
<input type="checkbox"/>	High-interest reading materials	<input type="checkbox"/>	Other

<input type="checkbox"/>	Manipulatives	Behavior Management	
<input type="checkbox"/>	Calculator for math	<input type="checkbox"/>	Positive reinforcement
<input type="checkbox"/>	Computer for word processing	<input type="checkbox"/>	Incentive program
<input type="checkbox"/>	Other	<input type="checkbox"/>	Written behavior contract
Testing		<input type="checkbox"/>	Mentor assigned
<input type="checkbox"/>	Tests read aloud	<input type="checkbox"/>	Post and review rules
<input type="checkbox"/>	Alternate setting	<input type="checkbox"/>	Immediate consequences delivered
<input type="checkbox"/>	Alternate method	<input type="checkbox"/>	Consistent enforcement of rules
<input type="checkbox"/>	Study guides for tests	<input type="checkbox"/>	Recorded behavioral changes
<input type="checkbox"/>	Extra time for tests	<input type="checkbox"/>	Progress reports sent to parents
<input type="checkbox"/>	Retake tests	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Extra credit options	<input type="checkbox"/>	Frequent parent contact
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other

III. Has the student had any recent emotional or physical trauma?

Yes Explain

No

Unknown

IV. List the child's strengths:

weaknesses:

V. Any additional information? Please be specific.

VI. Check the services the student receives:

Speech

Physical Therapy

Occupational Therapy

Psychological

Social Work