**FORM A**

**Student Profile & Background Information**

(Person responsible for completion of this form--*Classroom Teacher*)

|  |  |
| --- | --- |
| **Date** |  |
| **Student Name (Last, First)** |  |
| **ID #** |  |
| **Student Date of Birth (DOB)** |  |
| **Student Current Grade** |  |
| **School** |  |
| **Teacher** |  |
| **Name of Parent/Guardian** |  |
| **Parent/Guardian Contact Information** | Phone: |
| Email: |

**Describe the concern/ learning gap/ behavior issue in measurable terms.**

**Provide the following information:**

1. How many schools has the student attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Has the student been retained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If yes, list the grade(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is the student an English Learner (EL)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* If yes, indicate current/previous services. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Has the student experienced adversity/trauma that impacts learning? If yes, please describe.

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**Current Program/Additional Support(s)**

**□** General Education

□ MLSS Layer \_\_\_\_\_

□ General Education with Accommodations (SPED)

□ Title I Services □ Reading □ Math

□ Bilingual/ELL □ Spanish □ Other \_\_\_\_\_\_\_\_\_\_\_\_

□ 504 Plan

□ Tutoring

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance History**

1. How many days has the student been absent this school year/ # of days school has been in session? (i.e. 10/20) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How many days was the student absent over the past three school years?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Grade \_\_\_\_) (Grade) (Grade)

3. For chronically absent students, what is the attendance intervention/plan in place?

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**Discipline History**

For current year only, does student have more than two office referrals?

□Yes □No If yes, please provide reasons for referrals.

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For the previous school year, does student have more than two discipline referrals?

□Yes □No If yes, please provide reasons for referrals.

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**Student Daily Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period** | **Time** | **Subject** | **Teacher** | **Notes** |
|  |  |  |  |  |
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**Language**

1. Based on New Mexico ACCESS for ELLs and/or other approved language proficiency assessment, language proficiency has been determined to be:

Bilingual  English  Spanish  Other:

**Document Review**

If the student is having **academic difficulties**, please complete ***Form B—Instructional Fidelity Assurances*** and attach a sample(s) of the student’s work, short-cycle assessment and/or progress monitoring data that reflect your specific concern(s)

Sample(s) attached

N/A

If there is a **behavior concern**, please complete ***Form E—Fidelity Assurances for Behavioral Supports.***

Documentation attached  N/A

The following documents were **reviewed**, and the information is included (when applicable) in the referral packet:

Student’s Cumulative Record

Student’s Attendance Record

NM Assessments (Formative, Interim, and Summative)

Language Proficiency Assessment (ACCESS for ELLs) or other approved language proficiency assessment), if applicable ❒ N/A

Curriculum-Based Measures

Student Observations (if any)

Progress Report(s) (i.e. interim reports, report cards, etc.)

Office Discipline Referral(s)

Language Usage Survey (formerly Home Language Survey)

Written communication between home and school

Other:

Other:

Other: