**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: