

**Jordan School District**  
**Documentation of Student Level of Performance**

**Student Information:**

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

Primary Language of Student: \_\_\_\_\_ Primary Language in Home: \_\_\_\_\_

If Primary Language is other than English, contact your school's ALS Teacher Specialist before proceeding.

Date ALS Teacher Specialist contacted: \_\_\_\_\_ By: \_\_\_\_\_ WIDA Proficiency: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Subject (secondary): \_\_\_\_\_

Parent(s) notified of initial concern on: \_\_\_\_\_ By: \_\_\_\_\_

If the parent requests testing, document the area(s) of concern and simultaneously begin response to intervention(s) and formal assessment as soon as possible.

**Communication Log with Parent:**

Date	Contact Made By	Issues discussed

**Student Performance Information:** (Based on the MTSS model, the following data results should be used to determine appropriate scientifically research-based interventions and progress monitoring procedures.)

**Test Results** (e.g. SAGE, CRT, DIBELS, SRI)

Name of Test: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Test: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Test: \_\_\_\_\_ Date: \_\_\_\_\_ Score: \_\_\_\_\_

**Current Levels of Performance** (e.g. Fountas & Pinnell, Running Records, Language Arts Benchmark, Math Benchmark, Math Unit Test, JSD Writing Rubrics/Utah Compose)

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_ Level: \_\_\_\_\_

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_ Level: \_\_\_\_\_

Assessment: \_\_\_\_\_ Date: \_\_\_\_\_ Level: \_\_\_\_\_

**Grades/GPA**

Subject: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of hearing screening: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ (If student failed, follow-up)

Date of vision screening: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_ (If student failed, follow-up)

Discipline/Suspension Data (reason, length of time) \_\_\_\_\_

Has this student ever referred/received special education services?  yes  no If yes, when? \_\_\_\_\_

Has this student ever been retained?  yes  no If yes, when? \_\_\_\_\_

Student's Attendance:  Concern  No Concern Comments: \_\_\_\_\_

In order to further assist in targeting skill deficits and selecting appropriate scientifically research-based interventions, identify the specific area(s) of concern, which have been reviewed during PLCs.

**Area(s) of Academic Concern (check the targeted skill deficit):**

<p><b>Reading</b></p> <p><input type="checkbox"/> Phonemic Awareness</p> <p><input type="checkbox"/> Phonics</p> <p><input type="checkbox"/> Fluency</p> <p><input type="checkbox"/> Vocabulary</p> <p><input type="checkbox"/> Comprehension</p>	<p><b>Writing</b></p> <p><input type="checkbox"/> Conventions/Grammar</p> <p><input type="checkbox"/> Sentence Structure</p> <p><input type="checkbox"/> Word Choice/Vocabulary</p> <p><input type="checkbox"/> Expresses Ideas/Opinions/Thoughts</p> <p><input type="checkbox"/> Spelling</p>	<p><b>Math</b></p> <p><input type="checkbox"/> Counting &amp; Cardinality: (one to one correspondence)</p> <p><input type="checkbox"/> Operations &amp; Algebraic Thinking: (word problems, representations, &amp; operations with integers)</p> <p><input type="checkbox"/> Numbers &amp; Operations in Base Ten: (place value &amp; 2-digit computations)</p> <p><input type="checkbox"/> Fractions</p>
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If there is only one area of general academic concern, two interventions should be documented in that area. If there is more than one area of general academic concern, at least one intervention should be documented in each area.

**Intervention Data Summary(s):** Attach the Response to Intervention Tracking Tool for targeted intervention(s) in each area of academic concern. *Eight to ten data points should be collected over a six to eight week period for each area of academic concern.*

**Area(s) of Social/Emotional/Behavioral Concern:** Please consult with the School Psychologist.

**Social -** Describe: \_\_\_\_\_

**Emotional -** Describe: \_\_\_\_\_

**Behavioral -** Describe: \_\_\_\_\_

**Intervention Data Summary(s):** Attach the Response to Intervention Tracking Tool for targeted intervention(s) in each area of concern as deemed appropriate based on consultation with the School Psychologist. *Eight to ten data points collected over a six to eight week period.*

**Area(s) of Oral Communication Concern (check all that apply):** Please consult with the Speech Language Pathologist.

**Articulation -** Incorrectly uses developmentally/age appropriate speech sounds and/or does not speak clearly during conversation.

**Stuttering -** Does not speak smoothly without interruption and/or repetition of sounds or words.

**Voice -** Voice is hoarse or has an unusual quality.

**Receptive Language -** Does not understand directions, questions, and/or academic vocabulary.

**Expressive Language -** Does not speak in complete sentences, does not use correct grammar, and/or is not able to tell a story or explain an event.

**Social Communication-** Does not interact/communicate appropriately with peers and adults in social and academic settings.

**Intervention Data Summary(s):** Attach the Response to Intervention Tracking Tool for targeted intervention(s) in each area of concern as deemed appropriate based on consultation with the Speech Language Pathologist.

**Other Concerns:** Please consult with the special education team. (check all that apply)

	None	Motor	Sensory	Medical
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**To be completed by The Local Education Agent (LEA) Representative after the Response to Intervention Tracking Tool is done.**

Based on the above area(s) of concern and documentation of the student's progress using scientifically research-based interventions, it is recommended that:

No further action is needed (specify reason) \_\_\_\_\_

Progress is being made, continue with scientifically research-based interventions

504 Evaluation

Additional scientifically research-based interventions needed \_\_\_\_\_

Special Education referral \_\_\_\_\_

\_\_\_\_\_  
Signature of LEA

\_\_\_\_\_  
Date