ELEMENTARY/SECONDARY TEACHER NARRATIVE

GENERAL DIRECTIONS: The referring teacher will complete the following sections: Identifying and General Information, Educational (including applicable grade level Minimum Instructional Benchmark Summary Sheet, if appropriate) and Characteristics.

IDENTIFYING INFORMATION

NAME OF STUDENT	GENDER	RACE

DATE OF BIRTH (from cumulative record)	Age entered school	Current Age

CURRENT EDUCATIONAL HISTORY
- Grade Placement:
- Building of Attendance:
- Years at Building:

ATTENDANCE - please check appropriate box
- ☐ Regular
- ☐ Irregular (explain below)

Is student in expected grade for his/her age? ☐ YES ☐ NO

If NO, please check the appropriate box(es) below to explain.

☐ Started school late ☐ Held out of school by parent ☐ Unknown

☐ Retained [specify grade(s)]

Number of schools attended:

Indicate any current or past supplemental programs/services:

☐ Title I ☐ OTHER (Specify):

☐ Preschool

☐ Head Start

Has a previous request for Child Study been made? ☐ YES ☐ NO

If yes, please attach ALL RELEVANT information from previous requests for Child Study, such as LSC minutes or any report, etc.

NATIVE LANGUAGE (if not English):
- Student:
- Parent(s):

AVAILABLE MEDICAL HISTORY - Attach any reports or information provided by the parent(s) that is not maintained in the cumulative record.

GENERAL INFORMATION ON THIS REQUEST:

REFERRING TEACHER'S SIGNATURE:	
DATE COMPLETED:	

DOCUMENTATION OF INSTRUCTIONAL INTERVENTION

Please check below, as appropriate:

☐ Attached documentation to support instructional interventions that have been attempted to remediate the identified problem area(s).

☐ An instructional intervention would not be appropriate (please explain):

For what specific reason(s) is Child Study being requested?

How does this student learn best? (Check all that apply.)

☐ With an adult	☐ Large group activities	☐ Morning
☐ With peers	☐ Small group activities	☐ Afternoon
☐ One on one	☐ Individual activities	☐ No identified time

ATTENTION
- Estimated longest timespan:
- Describe activity which best holds attention:

PARENT CONTACT
- Have parents been contacted? ☐ YES ☐ NO
- Are parent's aware of child's problem? ☐ YES ☐ NO
- Parents reaction?

RESULTS OF PREVIOUS TESTS

TEST NAME	RESULTS	AGE	DATE GIVEN

STUDENT:

EDUCATIONAL: Ages 6 - 20 years old - Complete this section to describe the student's abilities in academic curriculum areas/subjects.

CURRENT INSTRUCTIONAL METHOD UTILIZED BY TEACHER	STUDENT'S PREFERRED LEARNING STYLE	STUDENT'S PREFERRED ASSESSMENT STYLE	TYPE OF ACADEMIC DIFFICULTY OBSERVED BY TEACHER
1 - One to one 2 - Small group 3 - Lecture 4 - Large group 5 - Independent studies 6 - Discussion 7 - OTHER (Specify)	A - Auditory V - Visual K - Kinesthetic DK - Don't Know (child too young)	O - Oral answers T - True/False MC - Multiple Choice M - Matching F - Fill in the blank S - Short Answer E - Essay D - Demonstrated Application	RD - Reading Decoding RC - Reading Comprehension L - Listening Comprehension W - Writing Mechanics MC - Math Calculation MR - Math reasoning/application OE - Oral Expression WE - Written Expression

For CURRICULUM AREA(S)/SUBJECT(S), list each of the current curriculum area(s)/subjects in which the student is having academic difficulty. For each curriculum area(s)/subject(s) listed, please supply the following:

1. For GRADES column, provide the most current grade(s).
2. For CURRENT INSTRUCTIONAL METHOD(S), STUDENT LEARNING STYLE(S) and STUDENT ASSESSMENT STYLE(S), please use the code chart at the top of the page. Place the appropriate number/letter code in each column.
3. For TYPE OF ACADEMIC DIFFICULTY, indicate the type of difficulty the student is having by placing a check (✓) in the applicable column(s). (For example: Reading - (✓) in RC to indicate observed difficulties in Reading Comprehension while decoding skills are adequate; History - (✓) in RC and LC to indicate observed subject difficulties in Reading Comprehension and Listening Comprehension.)

*CURRICULUM AREA/ SUBJECT	GRADE(S) (use most current grading period)	CURRENT INSTRUCTIONAL METHOD(S)	STUDENT LEARNING STYLE(S)	STUDENT ASSESSMENT STYLE(S)	TYPE OF ACADEMIC DIFFICULTY							
					RD	RC	L	W	MC	MR	OE	WE
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐
					☐	☐	☐	☐	☐	☐	☐	☐

*Please complete the Minimum Instructional Benchmark Summary Sheet(s) using the following sequence.
Refer to the Reading, Writing and Math Instructional Intervention Supplements - Informal Assessment section. Select the appropriate grade level by using the following guidelines:

1. Student is currently enrolled in reading, language arts and/or math classes, begin at the current grade level in the problem area(s).
2. Student is having academic difficulty but is NOT currently enrolled in reading, language arts and/or math classes,
   a. If reading decoding and comprehension, listening, writing mechanics and oral or written expression difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with eighth grade reading and writing sheets.
   b. If math calculation and reasoning difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with seventh grade.

STUDENT: _____

CHARACTERISTICS: Please check [✓] those characteristics that the student exhibits **(CONSISTENTLY AND OVER AN EXTENDED PERIOD OF TIME)**. If the child exhibits none of the characteristics, check "no problems observed". Please check appropriate characteristic(s) if there are multiple options per item. **Written explanation and/or additional explanation may be requested at the Local Survey Committee Meeting.**

GENERAL PHYSICAL

☐ NO PROBLEM(S) OBSERVED

- ☐ Always complains of feeling sick
- ☐ Is continually thirsty
- ☐ Eating problems
- ☐ Wears hearing aids
- ☐ Has frequent earaches
- ☐ Has fluid draining from ears
- ☐ Takes prescription medicine
- ☐ Wears glasses
- ☐ Complains of blurred/double vision
- ☐ Frequently squints/rubs eyes
- ☐ Complains of not being able to see the board
- ☐ Holds printed material too close/too far away
- ☐ Has improper eye movements
- ☐ Seizures observed in the classroom
- ☐ Often has bruises on body
- ☐ Tics - involuntary movements/noises
- ☐ Has a serious illness
- ☐ Health problems which require special care
- ☐ OTHER (Please specify):

GROSS MOTOR

☐ NO PROBLEM(S) OBSERVED

- ☐ Difficulty in hopping, skipping, jumping
- ☐ Difficulty going up/down stairs alternating feet
- ☐ Problems with balancing
- ☐ Difficulty throwing/catching a ball
- ☐ Problems with upper body motor movement
- ☐ Problems with lower body motor movement
- ☐ Has unusual gait
- ☐ Uses walker/prosthesis/wheelchair for mobility
- ☐ OTHER (Please specify):

FINE MOTOR

☐ NO PROBLEM(S) OBSERVED

- ☐ Problems with grasping reflex
- ☐ Problems with reaching/retaining motions
- ☐ Cannot transfer objects from hand to hand
- ☐ Difficulty building a tower of blocks
- ☐ Difficulty cutting paper with scissors
- ☐ Difficulty in tying/buttoning/zipping
- ☐ Difficulty in holding crayon/pencil
- ☐ Difficulty staying within lines when writing
- ☐ Difficulty copying letters/words/numbers
- ☐ Difficulty spacing
- ☐ OTHER (Please specify):

SOCIAL SKILLS

☐ NO PROBLEM(S) OBSERVED

- ☐ Rarely interacts with classmates
- ☐ Is frequently alone during lunch/recess
- ☐ Is frequently teased by other children
- ☐ Usually withdraws from touch
- ☐ Often engages in rocking/repetitive movement
- ☐ Unaware/takes no interest in other people
- ☐ Does not ask for help
- ☐ Does not look at the person talking
- ☐ Does not join in with group
- ☐ Does not share with others
- ☐ Does not apologize
- ☐ Does not express his/her feelings
- ☐ Does not recognize another's feelings
- ☐ Cannot deal with being left out
- ☐ Does not accept "no" as answer
- ☐ Does not accept consequences of own action
- ☐ OTHER (Please specify):

ADAPTIVE BEHAVIOR

☐ NO PROBLEM(S) OBSERVED

- ☐ Need for high degree of supervision
- ☐ Immature/has only younger playmates
- ☐ Constant thumb or finger sucking/hair chewing
- ☐ Difficulty feeding self; not toilet trained
- ☐ Inadequate skills: exchange of money
- ☐ Inadequate skills: use of telephone, telling time
- ☐ Inadequate skills: appropriate personal hygiene skills
- ☐ Unable to wash/dry hands independently
- ☐ Does not engage in independent community skills
- ☐ Lacks daily living skills: sweeping; mopping; using washer and dryer; etc.
- ☐ OTHER (Please specify):

BEHAVIOR

☐ NO PROBLEM(S) OBSERVED

- ☐ Unable to interact with minimal friction
- ☐ Difficulty staying on task
- ☐ Easily frustrated
- ☐ Frequently quarrels, pouts or sulks
- ☐ Denies mistakes/blames others
- ☐ Prefers to be alone/withdrawn/isolated
- ☐ Insults other students/adults
- ☐ Easily loses temper
- ☐ Acts before thinking - impulsive
- ☐ Frequently found to be untruthful
- ☐ Mute/refuses to speak
- ☐ Oppositional/resistant/noncompliant/negative
- ☐ Threatens other students
- ☐ Interrupts others
- ☐ Puts down peers
- ☐ Difficulty paying attention to task/play/academics
- ☐ Disciplinary actions have been initiated by principal or other school authorities
- ☐ Teases others
- ☐ Yells at others students/adults
- ☐ Bullies others
- ☐ Fails to turn in homework
- ☐ Fails to complete assignments
- ☐ Refuses to complete work
- ☐ Fails to bring materials to class
- ☐ OTHER (Please specify):

STUDENT: _____

EMOTIONAL

☐ NO PROBLEM(S) OBSERVED

- ☐ Upset by ANY change in routine
- ☐ Pronounced fear of failure
- ☐ Irritable for greater part of school day
- ☐ Appears withdrawn from peers
- ☐ Depressed for most of the day
- ☐ Little interest in pleasurable activities
- ☐ Talks about suicide or death wishes
- ☐ Exhibits unwarranted self-blame/self-criticism
- ☐ Has attempted suicide
- ☐ Performs obsessive/compulsive behaviors
- ☐ Changes mood for no apparent reason
- ☐ Rarely laughs or smiles
- ☐ Engages in self-destructive behavior
- ☐ Shows excessive fears of specific objects
- ☐ Unresponsiveness
- ☐ Tells of extremely strange/illogical thoughts or fears
- ☐ Creates imaginary/fantasy situations in an attempt to escape reality
- ☐ Experienced significant changes in: activity levels/concentration/school grades
- ☐ OTHER (Please specify):

RECEPTIVE LANGUAGE

☐ NO PROBLEM(S) OBSERVED

- ☐ Difficulty comprehending new ideas
- ☐ Does not understand/follow spoken directions
- ☐ Cannot identify simple objects
- ☐ Does not demonstrate use of position words: on, under, front, behind, beside, over
- ☐ Does not follow multi-step verbal directions
- ☐ Does not understand vocabulary words related to curriculum
- ☐ Does not understand age appropriate vocabulary words
- ☐ Does not comprehend questions
- ☐ Does not understand information in class that is presented orally
- ☐ OTHER (Please specify):

EXPRESSIVE LANGUAGE

☐ NO PROBLEM(S) OBSERVED

- ☐ Difficulty organizing thoughts
- ☐ Nonverbal
- ☐ Uses immature words/sentence pattern
- ☐ Uses oral grammar incorrectly
- ☐ Difficulty asking questions
- ☐ Verbal responses do not relate to questions asked/subject under discussion
- ☐ Hesitant to engage in verbal interaction
- ☐ Silent much of time
- ☐ Difficulty finding the right words
- ☐ Difficulty giving directions
- ☐ Does not tell definitions of words
- ☐ Difficulty putting thoughts down on paper
- ☐ Does not use spoken compound sentences
- ☐ Does not recognize another's feelings
- ☐ Cannot retell a story
- ☐ Difficulty telling a story
- ☐ Does not name objects/actions in pictures
- ☐ OTHER (Please specify):

SPEECH

☐ NO PROBLEM(S) OBSERVED

ARTICULATION

- ☐ Substitutes one sound for another
- ☐ Omits sounds
- ☐ Distorts sounds
- ☐ Difficulty sequencing sounds
- ☐ Difficult to understand
- ☐ Spontaneously self-corrects errors

VOICE

- ☐ Too loud or too soft
- ☐ Consistently hoarse/harsh/breathy
- ☐ Nasal sounding - like a constant cold
- ☐ Pitch too high or too low
- ☐ Voice "lost" by end of or during day
- ☐ Quality makes difficult to understand

FLUENCY

- ☐ Rate of delivery too fast or too slow
- ☐ Disruption in normal flow of speech
- ☐ Words prolonged
- ☐ Excessive repetition of syllable/sound/word
- ☐ Interferes with daily communication
- ☐ Inserts unnecessary words into speech

OTHER

- ☐ If additional characteristics are noted in any area of speech, please specify:

VISUAL PERCEPTION

☐ NO PROBLEM(S) OBSERVED

- ☐ Visual tracking difficulties
- ☐ Visually confuses objects/letters/numbers
- ☐ Difficulty discriminating between words with similar appearance
- ☐ Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6
- ☐ Transposes letters
- ☐ Confuses left/right on pencil/paper activities
- ☐ Difficulty completing missing details in objects or pictures
- ☐ Difficulty in copying assignments from board to desk/book to paper
- ☐ Prefers auditory activities
- ☐ Difficulty identifying shapes in various sizes and positions
- ☐ OTHER (Please specify):

AUDITORY PERCEPTION

☐ NO PROBLEM(S) OBSERVED

- ☐ Difficulty understanding spoken direction
- ☐ Does not orally form phrases/sentence correctly
- ☐ Difficulty sounding out word, sound by sound
- ☐ Does not retain auditory stimuli
- ☐ Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling
- ☐ Difficulty identifying rhyming words
- ☐ OTHER (Please specify):