



# BISHOP DWENGER HIGH SCHOOL

## Special Education Student Information PARENT Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Previous School Attended \_\_\_\_\_

ISP/IEP? Yes or NO                      Behavior Plan? Yes or No

Primary Disability \_\_\_\_\_ Secondary Disability \_\_\_\_\_

Has your child ever received private therapy for behavior?	Yes	No
Does your child have any mental/emotional issues?	Yes	No
Does your child have a medical diagnosis?	Yes	No
Is your child currently taking any medicine?	Yes	No
Does your child's IEP provide for a full-time assistant?	Yes	No

For each answer "Yes", please explain:

What are your child's strengths and weaknesses?

What are your concerns about high school?

To help determine how to best meet your child's needs, a current teacher report has been developed to get a better understanding of how your child learns. Please have your child's teacher(s) complete the following pages. In addition to the current teacher report, please attach your child's most recent psychological evaluation.



# BISHOP DWENGER HIGH SCHOOL

## Special Education Current TEACHER Report

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Name of Professional Completing Report: \_\_\_\_\_

Job Title: \_\_\_\_\_

What are the student's overall strengths in class?

Areas of concern?

List what motivates the student?

How does the student cope with frustration/anxiety?

Organizational skills?

Canvas ready?

Additional Comments for overall classroom readiness: \_\_\_\_\_

\_\_\_\_\_

**Reading:** Please indicate the skills demonstrated in the following areas:

**Reading fluency, vocabulary retention, reading comprehension, homework completion**

Strengths: \_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

Current reading level: \_\_\_\_\_

Language Arts ILEARN Testing Scores: \_\_\_\_\_

Math ILEARN Testing Scores: \_\_\_\_\_

Projected 9<sup>th</sup> Grade Class (if applicable): MATH: Basic Algebra Algebra 1 Geometry

ENGLISH: Basic English Academic English Resource Period

**Written Expression:** Please indicate skills seen in the following areas:

**Spelling, grammar, Sentence/paragraph structure, vocabulary usage, short answer responses, ability to respond to a prompt independently, homework completion**

Strengths: \_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

**Mathematics:** Please consider the following skills and briefly explain his/her ability in the following areas:

**Computation, ability to grasp new concepts, problem solving, math facts memorized, homework completion**

Strengths:

\_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

\*\*Additional Academic concerns: \_\_\_\_\_

**Social/Emotional/Behavioral Checklist**

**Please indicate areas of concern with an X.**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> easily distracted         | <input type="checkbox"/> has difficulty working independently       | <input type="checkbox"/> Has trouble staying on task                      |
| <input type="checkbox"/> Has incomplete work       | <input type="checkbox"/> Has incorrect work                         | <input type="checkbox"/> needs an unusual amount of structure             |
| <input type="checkbox"/> fidgets                   | <input type="checkbox"/> has trouble keeping hands to self          | <input type="checkbox"/> abuses own or other's property                   |
| <input type="checkbox"/> is isolated by classmates | <input type="checkbox"/> walks around room needlessly               | <input type="checkbox"/> leaves room without permission                   |
| <input type="checkbox"/> teases inappropriately    | <input type="checkbox"/> has difficulty making/keeping friends      | <input type="checkbox"/> is frequently "picked on"                        |
| <input type="checkbox"/> daydreams excessively     | <input type="checkbox"/> blames others for mistakes                 | <input type="checkbox"/> verbally threatens others                        |
| <input type="checkbox"/> gives up easily           | <input type="checkbox"/> takes property of others                   | <input type="checkbox"/> Gets into fights frequently                      |
| <input type="checkbox"/> talks out                 | <input type="checkbox"/> uses inappropriate language                | <input type="checkbox"/> has poor personal hygiene                        |
| <input type="checkbox"/> is bossy                  | <input type="checkbox"/> leaves building without permission         | <input type="checkbox"/> rushes through work                              |
| <input type="checkbox"/> is defiant                | <input type="checkbox"/> has difficulty taking turns                | <input type="checkbox"/> difficulty expressing ideas fluently             |
| <input type="checkbox"/> talks back                | <input type="checkbox"/> is disorganized                            | <input type="checkbox"/> Has difficulty following class/school rules      |
| <input type="checkbox"/> is withdrawn              | <input type="checkbox"/> has poor listening skills                  | <input type="checkbox"/> Has trouble following directions                 |
| <input type="checkbox"/> over-conforms             | <input type="checkbox"/> has difficulty recalling previous material | <input type="checkbox"/> frequently seeks attention inappropriately       |
| <input type="checkbox"/> lacks self-confidence     | <input type="checkbox"/> has difficulty with sensory input          | <input type="checkbox"/> uses poor judgment about safety                  |
| <input type="checkbox"/> appears tense/afraid      | <input type="checkbox"/> expresses anger inappropriately            | <input type="checkbox"/> has difficulty comprehending oral instructions   |
| <input type="checkbox"/> throws objects            | <input type="checkbox"/> is unable to calm self when upset          | <input type="checkbox"/> has difficulty interpreting social language cues |
| <input type="checkbox"/> cries easily              | <input type="checkbox"/> whines or complains frequently             | <input type="checkbox"/> frustrates easily                                |
| <input type="checkbox"/> tires easily              | <input type="checkbox"/> has trouble with transitions               | <input type="checkbox"/> frequently absent/tardy                          |

Additional behavioral explanations: \_\_\_\_\_

Does the student require specific help outside of the classroom? Locker support, hallway navigation, restroom, nurse?

Does the student have a behavior plan?