



TUBA CITY UNIFIED SCHOOL DISTRICT # 15 STUDENT SCREENING REPORT

NAME OF STUDENT		DOB	STUDENT ID#	
DATE OF ENTRY	DATE OF SCREENING	TEACHER		GRADE
1. VISION		6. SOCIAL or BEHAVIORAL		
YES NO <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board <input type="checkbox"/> <input type="checkbox"/> Trouble with eyes <input type="checkbox"/> <input type="checkbox"/> Weak note-taking skills <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____ Referred to: _____		YES NO <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing) <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn) <input type="checkbox"/> <input type="checkbox"/> Difficulty with unstructured environments or transitions between activities <input type="checkbox"/> <input type="checkbox"/> Difficulty developing or maintaining peer or adult relationships <input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances <input type="checkbox"/> <input type="checkbox"/> Short attention span <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____		
2. HEARING		7. MOTOR		
YES NO <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?" <input type="checkbox"/> <input type="checkbox"/> Significantly delayed language <input type="checkbox"/> <input type="checkbox"/> Frequent ear aches <input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____ Referred to: _____		YES NO <input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward) <input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects) <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____		
3. COMMUNICATION		8. TRANSFER STUDENT RECORDS REVIEW		
YES NO <input type="checkbox"/> <input type="checkbox"/> Poor speech habits <input type="checkbox"/> <input type="checkbox"/> Articulates poorly <input type="checkbox"/> <input type="checkbox"/> Often stutters <input type="checkbox"/> <input type="checkbox"/> Difficulty expressing ideas <input type="checkbox"/> <input type="checkbox"/> Difficulty responding to instructions <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____		Last grade attended: _____ Year attended: _____ Last school attended: _____ Date records requested: _____ Received: _____ Date records viewed: _____ Reviewer: _____ YES NO <input type="checkbox"/> <input type="checkbox"/> History of poor performance or progress in school If so, referred to: _____ Please explain any items marked "yes": _____		
4. COGNITIVE or ACADEMIC		9. PRIMARY LANGUAGE SURVEY		
YES NO <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers. <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli) <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing <input type="checkbox"/> <input type="checkbox"/> Below grade level in math <input type="checkbox"/> <input type="checkbox"/> Difficulty recalling information <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____		Home Language Survey completed: _____ If the answer to any of the three questions on the survey was other than English, an English language proficiency assessment must be done.		
5. ADAPTIVE DEVELOPMENT		10. ADMINISTRATIVE ACTION		
YES NO <input type="checkbox"/> <input type="checkbox"/> Poor self-care skills related to personal hygiene, dress, maintaining personal belongings <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language <input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs and express ideas <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring use of time <input type="checkbox"/> <input type="checkbox"/> Other: _____ Please explain any items marked "yes": _____		<input type="checkbox"/> <input type="checkbox"/> No problem at this time. <input type="checkbox"/> <input type="checkbox"/> Problem noted. Action taken below. YES NO <input type="checkbox"/> <input type="checkbox"/> Parents notified in 10 school days if concerns were noted <input type="checkbox"/> <input type="checkbox"/> Referred for student study team <input type="checkbox"/> <input type="checkbox"/> Referred for 504 plan <input type="checkbox"/> <input type="checkbox"/> Referred to appropriate program administrator <input type="checkbox"/> <input type="checkbox"/> Other: _____ Administrator's Signature and Date: _____		