

Date: _____

**OFFICE OF CATHOLIC SCHOOLS
Student Profile Packet**

Student: _____ D.O.B. _____ Grade: _____

School: _____ Teacher(s): _____

Parent(s): _____ Phone: _____

Is student eligible for Title 1 Services at your school? ____ Yes ____ No

Student Strengths: _____

The student is experiencing difficulty in the following areas:

____ Academic ____ Behavioral ____ Social Emotional ____ Other

The following areas appear to be contributing factors:

____ Classwork ____ Effort ____ Homework ____ Attention Span
____ Time on Task ____ Other (please explain) _____

Attendance Information: Absences ____ Tardies ____ Recording Period ____

Student Preferred Learning Style (Please refer to Appendix C of the Resource Handbook): _____

Academic Information:

Final grades from previous year: _____ Current Grades: As of: _____

____ Reading ____ Math ____ Phonics ____ Spelling ____ Reading ____ Math ____ Phonics ____ Spelling
____ English ____ Science ____ Social Studies ____ English ____ Science ____ Social Studies

Standardized Test Scores: Attach the cumulative standardized test report from student file

Social Emotional Information:

Peer Interactions: _____

Motivational Level: _____

PLEASE MAIL TO:

| | | |
|--|---|---|
| <p>Southside St. Christina School Center for Inclusive Education 3333 W. 110th St. Chicago, IL 60655 Attn: Dr. Kipka</p> | <p>Northside Felician Sisters Provincialate Center for Inclusive Education 3800 W. Peterson Ave. Chicago, IL 60659 Attn: Dr. Kipka</p> | <p>Bilingual Assessments United Stand Counseling Center 3731 W. 62nd St. Chicago, IL 60629 Attn: Dr. Viera</p> |
|--|---|---|

STUDENT PROFILE PACKET
Academic Report

Student Name: _____

Date: _____

Teacher Name: _____

Please use the following code:

G = Good Performance A = Average Performance P = Poor Performance

If the skill is not observed, please leave item blank

Listening

- ___ Retention of information one-on-one
- ___ Comprehension of class discussions
- ___ Comprehension of word meanings
- ___ Ability to follow directions

Comments: _____

Spoken Language

- ___ Appropriate vocabulary
- ___ Ability to recall words
- ___ Ability to convey ideas clearly
- ___ Usage of correct syntax
- ___ Willing to participate in discussions

Comments: _____

Reading

- ___ Ability to rhyme
- ___ Ability to distinguish between speech sounds
- ___ Ability to blend phonemes
- ___ Ability to segment phonemes
- ___ Ability to use word attack skills
- ___ Recognizes words on grade level
- ___ Reads without omissions, additions, and reversals
- ___ Fluent reader
- ___ Ability to make inferences
- ___ Ability to comprehend what is read
- ___ Ability to retell and summarize
- ___ Enjoyment of reading
- ___ Discrepancy between listening comprehension and reading comprehension (yes/no)

Comments: _____

Written Language

- ___ Legible Handwriting
- ___ Copying from board/book
- ___ Ability to write without letter reversals
- ___ Spelling skills
- ___ Appropriate spacing and centering
- ___ Ability to express ideas in writing
- ___ Ability to write a complete sentence
- ___ Ability to write a cohesive paragraph
- ___ Discrepancy between oral and written ability (yes/no)

Comments: _____

Math

- ___ Ability to understand math concepts
- ___ Ability to perform basic math operations
- ___ Knowledge of basic math facts
- ___ Ability to understand fractions
- ___ Ability to understand algebraic concepts
- ___ Ability to understand geometric concepts
- ___ Ability to complete word problems
- ___ Knowledge of money concepts
- ___ Knowledge of time concepts
- ___ Knowledge of measurement concepts

Comments: _____

Behavior

- ___ Attendance
- ___ Cooperation
- ___ Motivation
- ___ Attitude
- ___ Ability to remain on task
- ___ Organization
- ___ Transitions from task to task
- ___ Understands consequences
- ___ Accepts responsibility
- ___ Completes classwork
- ___ Completes homework
- ___ Study skills
- ___ Peer relationships

Comments: _____

STUDENT PROFILE PACKET
Parent Report

Student Name: _____

Date: _____

Please complete and return to your child's teacher by _____

1. Strengths my child has – include interests, hobbies, possible career potentials, anything that your child does that you appreciate and/or enjoy.

2. Concerns for my child:

At school _____

At home _____

3. Ways that I have found to motivate my child:

4. Goals or expectations I have for my child:

5. Share any additional information that will help us further understand your child (*Please include any health issues that your child is currently experiencing.*)

STUDENT PROFILE PACKET
Informe de los Padres

Student Name: _____

Date: _____

Por favor complete esta información y devuélvala al maestro o la maestra de su hija/o antes del ____

1. Virtudes de mi hija/o – incluya sus intereses, hobbies, potencial para estudios futuros, cualquier cosa que su hija/o haga que usted aprecia o disfruta.

2. Asuntos que me preocupan en relación con mi hija/o:

En la escuela: _____

En la casa: _____

3. Las maneras que he encontrado para motivar a mi hija/o son:

4. Metas o expectativas que tengo para mi hija/o:

5. Por favor comparta con nosotros cualquier otra información que nos pueda ayudar a entender mejor a su hija/o.

STUDENT PROFILE PACKET

Student Report

Student Name: _____

Date: _____

1. Some things that I enjoy doing are: _____

2. Some things that I do very well are: _____

3. My favorite activity or subject at school is: _____

4. At school I worry about: _____

5. At school I have difficulty with: _____

6. At school I am embarrassed when: _____

7. My least favorite activity or subject at school is: _____

8. At home I worry about: _____

9. The best reward anyone can give me is: _____

10. Five years from now I will be: _____

11. Ten years from now I will be: _____

12. When I am an adult I will be: _____

STUDENT PROFILE PACKET

Behavior Report

Name _____ Age _____ Date _____

Teacher _____ Class _____

| | Never or rarely | Sometimes | Often |
|--|--------------------|-----------|-------|
| 1. Fails to give close attention to details | 0 | 1 | 2 |
| 2. Has difficulty sustaining attention in tasks or leisure activities | 0 | 1 | 2 |
| 3. Has difficulty organizing tasks and activities | 0 | 1 | 2 |
| 4. Inconsistent listening skills | 0 | 1 | 2 |
| 5. Fails to finish tasks | 0 | 1 | 2 |
| 6. Makes careless mistakes | 0 | 1 | 2 |
| 7. Homework is often missing or misplaced | 0 | 1 | 2 |
| 8. Missing supplies necessary for tasks completion | 0 | 1 | 2 |
| 9. Easily distracted | 0 | 1 | 2 |
| 10. Fidgets with hand or feet or squirms | 0 | 1 | 2 |
| 11. Leaves seat in situations in which remaining seated is expected | 0 | 1 | 2 |
| 12. Has difficulty engaging in leisure activities quietly | 0 | 1 | 2 |
| 13. Acts as if “driven by a motor” | 0 | 1 | 2 |
| 14. Talks excessively | 0 | 1 | 2 |
| 15. Blurts out answers before questions have been completed | 0 | 1 | 2 |
| 16. Has difficulty waiting his/her turn | 0 | 1 | 2 |
| 17. Interrupts or intrudes on others | 0 | 1 | 2 |
| 18. Loses temper | 0 | 1 | 2 |
| 19. Argues with others | 0 | 1 | 2 |
| 20. Actively defies or refuses to comply with requests or rules | 0 | 1 | 2 |
| 21. Deliberately annoys people | 0 | 1 | 2 |
| 22. Blames others for own mistakes or misbehaviors | 0 | 1 | 2 |
| 23. Annoyed by others | 0 | 1 | 2 |
| 24. Shows anger and resentment | 0 | 1 | 2 |
| 25. Demonstrates spitefulness and vindictiveness | 0 | 1 | 2 |
| 26. Poor peer relationships | 0 | 1 | 2 |
| 27. Demonstrates anxiety or fearful reactions to everyday situations | 0 | 1 | 2 |
| 28. Reluctance or refusal to come to school | 0 | 1 | 2 |
| 29. Repetitive unproductive behaviors | 0 | 1 | 2 |
| 30. Additional Comments: | | | |

STUDENT PROFILE PACKET

Behavioral Documentation Form

Student's Name: _____ School: _____

Teachers: _____ School Year: _____

| Date/Time | Activity/Setting | Antecedent | Behavior | Consequence |
|--------------------------------------|---|---|-------------------------------|--|
| Date/Time when the behavior occurred | What activity was going on when the behavior occurred | What happened right before the behavior that <u>may</u> have triggered the behavior | What the behavior looked like | What happened after the behavior, or as a result of the behavior |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Source: Margaret Kelly Carroll, Ed.D.

STUDENT PROFILE PACKET
Response to Intervention
Documentation of Interventions

Student: _____

School: _____

| Date Initiated | Target | Research-Based Intervention Strategies | Teacher | Review Date | Measurement Instruments And Data Results |
|-----------------------|---------------|---|----------------|--------------------|---|
| | | | | | Instrument: Data: |
| | | | | | Instrument: Data: |
| | | | | | Instrument: Data: |
| | | | | | Instrument: Data: |
| | | | | | Instrument: Data: |

***allow at least 4-6 weeks for monitoring outcomes

STUDENT PROFILE PACKET
Communication Log

Please document all conferences held to share concerns about this student.

Student: _____ **School:** _____

| DATE | PURPOSE OF CONFERENCE | PARTICIPANTS | COMMUNICATION TYPE | RESULT |
|------|-----------------------|--------------|--|--------|
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |
| | | | <input type="checkbox"/> In-School Meeting <input type="checkbox"/> Phone Conference <input type="checkbox"/> E-mail | |