

St. Lucie Public Schools
PST1: Student Data Cumulative Review

SECTION I: DEMOGRAPHIC INFORMATION

Student Name		ID#	DOB	Grade
Ethnicity	Gender	School		
Parent/Guardian Name			Parent/Guardian Phone	
Address (Street, City, Zip)				

PRIMARY CONCERN(S):

SECTION II: STUDENT HISTORY

Attendance ___ Total days absent this year

Discipline Prior school year _____ Number of referrals ___ ISS/BIC ___ OSS ___
 Current school year _____ Number of referrals ___ ISS/BIC ___ OSS ___

Retention If yes, indicate grade level(s) retained _____ (If none, write, "N/A")

ESOL ___ None (ZZ) (If none, move to section III)
 ___ Currently enrolled (LY) ___ Exited and currently monitored (LF) _____ Completed (LZ) - Exit Date
 _____ Language Spoken at Home

Health ___ Student takes medication ___ Student wears hearing aids ___ Student wears glasses
 List medication(s) here _____

Vision & Hearing

HEARING

VISION

	1000 Hz	2000 Hz	4000 Hz
R			
L			
Audiometric Screening at 25db Passed: _____ Failed: _____ Person Responsible/Position: _____ Instrument Used & Date: _____ Further Evaluation Required? ___ Yes ___ No__ (If yes, attach report)			
Comments			

	FAR	NEAR	Circle One
R	20/	20/	P F
L	20/	20/	P F
	Muscle Balance P F	Plus lens (+ 1.75) P F	Color Perception P F
Person Responsible/Position: _____			
Instrument Used & Date: _____			
Further Evaluation Required? ___ Yes ___ No__ (If yes, attach report)			
Comments			

SECTION III: PARENT/GUARDIAN CONTACT

Parent/guardian contact should have occurred *at least 2 times* up to this point. Email is an acceptable form of contact if you received a response.

Type of Contact & Date	Plan/Outcome
___ Phone ___ In Person ___ E-mail DATE:	
___ Phone ___ In Person ___ E-mail DATE:	

SECTION IV: STUDENT PROFILE

ACADEMIC/BEHAVIORAL STRENGTHS

SECTION V: TIER 2/3 INTERVENTION(S)

Include any interventions currently being implemented or implemented within the last year, both behavioral and/or academic.

	Targeted Skill	Intervention	Interventionist	Date Started	Response
T2					
T3					

Completed by: _____ Title: _____

Date: _____