

St. Lucie Public Schools
PSET1: Private/Home School Initiation

Please fill out this form in its entirety, otherwise it cannot be processed.

SECTION I: DEMOGRAPHIC INFORMATION

Student Name		DOB	Grade
Ethnicity	Gender	School	Homeroom Teacher
Parent/Guardian Name		Parent/Guardian Phone & Email	
Address (Street, City, Zip)			

SECTION II: STUDENT HISTORY

Attendance Total days absent this year _____ Last year _____

Discipline Total number of disciplinary infractions/referrals this year _____ Last year _____

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

ESOL Is the students' first language English? ___Yes ___ No *If no, please identify language* _____
 Language spoken at home _____

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

<p>PRIMARY CONCERN(S) – Simply listing (for example) “academic concerns,” or “problems with speech,” would not be considered appropriate responses. Please be specific:</p>

III. PARENT/LEGAL GUARDIAN CONTACT

Parent/guardian contact should have occurred **at least 2 times** up to this point. Email is an acceptable form of contact **only** if you received a response. Voicemails are not an acceptable form of contact if you did not speak to the parent.

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

SECTION IV: STUDENT PROFILE

STUDENT'S STRENGTHS - *Check all that apply.*

- | | | |
|---|---|--|
| <input type="checkbox"/> Confident; sets high standards for self | <input type="checkbox"/> Flexible; adapts easily to new situations | <input type="checkbox"/> Artistic / musical |
| <input type="checkbox"/> Creative in thoughts, new ideas, seeing associations, etc. | <input type="checkbox"/> Imaginative; verbally expressive | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Empathetic; sensitive to the feelings of others | <input type="checkbox"/> Inquisitive; exhibits intellectual curiosity | <input type="checkbox"/> Independent; takes initiative |
| <input type="checkbox"/> Humorous; highly developed sense of humor | <input type="checkbox"/> Leader; well-liked by classmates | <input type="checkbox"/> Positive attitude |
| <input type="checkbox"/> Persistent; stays with a project until completed | <input type="checkbox"/> Motivated; requires little direction | <input type="checkbox"/> Positive role model |
| <input type="checkbox"/> Resourceful; reasons things out in ingenious ways | <input type="checkbox"/> Responsible; follows through with tasks | <input type="checkbox"/> Respectful |
| <input type="checkbox"/> Self-starter; engages in self-directed activities | <input type="checkbox"/> Venturesome; willing to take risks | |
| <input type="checkbox"/> Other (please list) _____ | <input type="checkbox"/> Other (please list) _____ | |

TEACHER OBSERVATIONS – *Check all that apply.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Appears inattentive, easily distracted | <input type="checkbox"/> Constantly seeks attention-especially from adults | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Misinterprets verbal questions & directions | <input type="checkbox"/> Reverses or confuses letters-numbers- words | <input type="checkbox"/> Low frustration tolerance |
| <input type="checkbox"/> Difficulty following direction in sequence | <input type="checkbox"/> Leads or joins others in inappropriate behavior | <input type="checkbox"/> Poor fine motor control |
| <input type="checkbox"/> Difficulty staying on the line when writing | <input type="checkbox"/> Use of poor judgment in social & interpersonal relationships | <input type="checkbox"/> Poor gross motor control |
| <input type="checkbox"/> Impulsive-talks out-difficulty waiting turn | <input type="checkbox"/> Makes inappropriate responses to conversation | <input type="checkbox"/> Difficulty expressing ideas |
| <input type="checkbox"/> Performs inconsistently from day to day | <input type="checkbox"/> Engages in destructive and/or aggressive behavior | <input type="checkbox"/> Difficulty completing assignments |
| <input type="checkbox"/> Frequently loses place when reading | <input type="checkbox"/> Slow to react to and follow directions | <input type="checkbox"/> Poor understanding of vocabulary |

CURRENT LEVELS

Reading Curriculum used: _____ Student's level _____ Current grade: _____
 Writing Curriculum used: _____ Student's level _____ Current grade: _____
 Math Curriculum used: _____ Student's level _____ Current grade: _____

TIERED INTERVENTIONS

While interventions are *not* required for a student to be evaluated, they *are* required for a student to be found eligible for certain ESE programs. Please list the interventions that have been attempted so far:

- Small group intervention focusing on _____ From _____ to _____
 Delivered by (name/title) _____ In classroom OR Pull out
 Progress monitoring tool being used to track students' progress _____
- Individual intervention focusing on _____ From _____ to _____
 Delivered by (name/title) _____ In classroom OR Pull out
 Progress monitoring tool being used to track students' progress _____

If no interventions have been attempted, please state why _____

Completed by: _____ Title: _____
 Date: _____