Goodhue County Education District Cannon Falls, Goodhue, Kenyon-Wanamingo, Lake City, Red Wing, Zumbrota-Mazeppa	PROBLEM SOLVING TEAM PROBLEM IDENTIFICATION SCREENING SUMMARY

Student: _____ Form Completed Date: _____

CUMULATIVE FOLDER REVIEW

HEALTH INFORMATION

π Vision Concern
π Hearing Concern
π ADHD
π Asthma
π Other Diagnosis: _____

PREVIOUS SCHOOLS/SERVICES

π Pre-Referral Interventions – Dates: _____
π Title 1– Dates: _____
π SPED Eval / Services– Dates: _____
π Out of District– Dates: _____
π Retained– Dates: _____
π Home Schooled– Dates: _____
π Other

ATTENDANCE

Days Absent Last Year: _____
Days Absent Current Year: _____
Other Concerns:

GRADES

ELEMENTARY:

	math	reading	writing
above			
meets			
below			

Other Concerns:

SECONDARY:

GPA: _____
Credits Earned:_____
Other Concerns:

INTERVIEW SUMMARY

	PARENT	STUDENT	TEACHER
DATE:			
TYPE OF INTERVIEW:			

π ATTACH COMPLETED INTERVIEW NOTES

CLASSROOM OBSERVATION

DATE: BY:

TYPE: π Interval π Latency π Washington
π Frequency π Duration π Other:_____

π ATTACH COMPLETED OBSERVATION FORM(S)

TESTING RECORDS

π ATTACH COMPLETED WEB PORTAL STUDENT TEST DATA SUMMARY
(Be certain that all available GOM, Aimsweb, STAR, MCA data are reported. Locate and add any missing data).

PROBLEM IDENTIFICATION SUMMARY – C1

Team Met to Review these Data on: _____ Prioritized Area of Concern: _____

Discrepancy Statement: _____
_____
_____

List at least 2 sources of convergent data that support this discrepancy: _____
π Baseline data are plotted on the attached graph

Disposition: π Level 1 Grade Level Team π Level 2: Consultation from Support Staff: _____
π Level 3: Problem Solving Team π Level 4: Special Education
Team Members Names: _____

Team Member Responsible for Follow-Up:_____