

ELEMENTARY/SECONDARY TEACHER NARRATIVE

GENERAL DIRECTIONS: The referring teacher will complete the following sections: Identifying and General Information, Educational (including applicable grade level Minimum Instructional Benchmark Summary Sheet, if appropriate) and Characteristics.

IDENTIFYING INFORMATION				GENERAL INFORMATION ON THIS REQUEST:			
NAME OF STUDENT			GENDER	RACE		REFERRING TEACHER'S SIGNATURE:	
DATE OF BIRTH (from cumulative record)		Age entered school	Current Age		DATE COMPLETED:		
CURRENT EDUCATIONAL HISTORY	Grade Placement:			DOCUMENTATION OF INSTRUCTIONAL INTERVENTION Please check below, as appropriate:			
	Building of Attendance:						
Years at Building:			<input type="checkbox"/> Attached documentation to support instructional interventions that have been attempted to remediate the identified problem area(s). <input type="checkbox"/> An instructional intervention would not be appropriate (please explain):				
ATTENDANCE – please check appropriate box <input type="checkbox"/> Regular <input type="checkbox"/> Irregular (explain below) 				For what specific reason(s) is Child Study being requested?			
Is student in expected grade for his/her age? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, please check the appropriate box(es) below to explain. <input type="checkbox"/> Started school late <input type="checkbox"/> Held out of school by parent <input type="checkbox"/> Unknown <input type="checkbox"/> Retained [specify grade(s)]							
Number of schools attended:				How does this student learn best? (Check all that apply.)			
Indicate any current or past supplemental programs/services: <input type="checkbox"/> Title I <input type="checkbox"/> OTHER (Specify): <input type="checkbox"/> Preschool <input type="checkbox"/> Head Start				<input type="checkbox"/> With an adult <input type="checkbox"/> Large group activities <input type="checkbox"/> Morning <input type="checkbox"/> With peers <input type="checkbox"/> Small group activities <input type="checkbox"/> Afternoon <input type="checkbox"/> One on one <input type="checkbox"/> Individual activities <input type="checkbox"/> No identified time			
				ATTENTION		Estimated longest timespan: Describe activity which best holds attention:	
Has a previous request for Child Study been made? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please attach ALL RELEVANT information from previous requests for Child Study, such as LSC minutes or any reports, etc.				PARENT CONTACT		Have parents been contacted? YES <input type="checkbox"/> NO <input type="checkbox"/> Are parent's aware of child's problem? YES <input type="checkbox"/> NO <input type="checkbox"/> Parents reaction?	
NATIVE LANGUAGE (If not English):		Student: Parent(s):		RESULTS OF PREVIOUS TESTS			
				TEST NAME	RESULTS	AGE	DATE GIVEN
AVAILABLE MEDICAL HISTORY – Attach any reports or information provided by the parent(s) that is not maintained in the cumulative record.							

EDUCATIONAL: Ages 6 – 20 years old - Complete this section to describe the student’s abilities in academic curriculum areas/subjects.

CURRENT INSTRUCTIONAL METHOD UTILIZED BY TEACHER		STUDENT’S PREFERRED LEARNING STYLE	STUDENT’S PREFERRED ASSESSMENT STYLE	TYPE OF ACADEMIC DIFFICULTY OBSERVED BY TEACHER
1 - One to one	5 - Independent studies	A - Auditory	O - Oral answers	RD - Reading Decoding
2 - Small group	6 - Discussion	V - Visual	T - True/False	RC - Reading Comprehension
3 - Lecture	7 - OTHER (Specify)	K - Kinesthetic	MC - Multiple Choice	L - Listening Comprehension
4 - Large group		DK - Don’t Know (child too young)	M - Matching	W - Writing Mechanics
			F - Fill in the blank	MC - Math Calculation
			S - Short Answer	MR - Math reasoning/application
			E - Essay	OE - Oral Expression
			D - Demonstrated Application	WE - Written Expression

For CURRICULUM AREA(S)/SUBJECT(S), list each of the current curriculum area(s)/subject(s) in which the student is having academic difficulty. For each curriculum area(s)/subject(s) listed, please supply the following:

1. For GRADES column, provide the most current grade(s).
2. For CURRENT INSTRUCTIONAL METHOD(S), STUDENT LEARNING STYLE(S) and STUDENT ASSESSMENT STYLE(S), please use the code charts at the top of the page. Place the appropriate number/letter code in each column.
3. For TYPE OF ACADEMIC DIFFICULTY, indicate the type of difficulty the student is having by placing a check (4) in the applicable column(s). (For example: Reading – (4) in RC to indicate observed difficulties in Reading Comprehension while decoding skills are adequate; History – (4) in RC and LC to indicate observed subject difficulties in Reading Comprehension and Listening Comprehension.)

*CURRICULUM AREA/ SUBJECT	GRADE(S) (use most current grading period)	CURRENT INSTRUCTIONAL METHOD(S)	STUDENT LEARNING STYLE(S)	STUDENT ASSESSMENT STYLE(S)	TYPE OF ACADEMIC DIFFICULTY								
					RD	RC	L	W	MC	MR	OE	WE	

*Please complete the Minimum Instructional Benchmark Summary Sheet(s) using the following sequence. Refer to the Reading, Writing and Math Instructional Intervention Supplements – Informal Assessment section. Select the appropriate grade level by using the following guidelines:

1. Student is currently enrolled in reading, language arts and/or math classes, begin at the current grade level in the problem area(s).
2. Student is having academic difficulty but is NOT currently enrolled in reading, language arts and/or math classes,
 - a. If reading decoding and comprehension, listening, writing mechanics and oral or written expression difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with eighth grade reading and writing sheets.
 - b. If math calculation and reasoning difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with eighth grade math.

EDUCATIONAL: Ages 3 - 5 years old - Complete this section to describe the student's abilities in academic curriculum area(s)/subject(s).

CURRENT INSTRUCTIONAL METHOD UTILIZED BY TEACHER	
1 - One to one	5 - Independent studies
2 - Small group	6 - Discussion
3 - Lecture	7 - OTHER (Specify)
4 - Large group	

STUDENT'S PREFERRED LEARNING STYLE	
A	- Auditory
V	- Visual
K	- Kinesthetic
DK	- Don't Know (child too young)

For CURRICULUM AREA(S)/SUBJECT(S), list each of the current curriculum area(s)/subjects in which the student is having academic difficulty. For each curriculum area(s)/subject(s) listed, please supply the following:

1. For CURRENT GRADES or LEVEL OF MASTERY, indicate current grades or level of mastery.
2. For FUNCTIONING LEVEL, indicate the approximate level of functioning for each area listed.
3. For CURRENT INSTRUCTIONAL METHOD(S) and STUDENT LEARNING STYLE(S), please use the code charts at the top of the page. Place the appropriate number/letter code in each column.

*CURRICULUM AREA/ SUBJECT	GRADES or LEVEL OF MASTERY	FUNCTIONING LEVEL	CURRENT INSTRUCTIONAL METHOD(S)	STUDENT LEARNING STYLE(S)

*Please complete the Minimum Instructional Benchmark Summary Sheet(s) by referring to the MDE Pre-Kindergarten Curriculum or the K-3 Reading, Writing and Math Instructional Intervention Supplements – Informal Assessment section. Select the appropriate pre-kindergarten or kindergarten level Minimum Instructional Benchmark Summary sheet.

CHARACTERISTICS: Please check [4] those characteristics that the student exhibits **CONSISTENTLY**. If the child exhibits none of the characteristics, check "no problems observed". Please circle appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the Local Survey Committee Meeting.

GENERAL PHYSICAL		NO PROBLEM(S) OBSERVED	
<input type="checkbox"/>	Always complains of feeling sick	<input type="checkbox"/>	Wears glasses
<input type="checkbox"/>	Is continually thirsty	<input type="checkbox"/>	Complains of blurred/double vision
<input type="checkbox"/>	Eating problems	<input type="checkbox"/>	Frequently squints/rubs eyes
<input type="checkbox"/>	Wears hearing aids	<input type="checkbox"/>	Complains of not being able to see the board
<input type="checkbox"/>	Has frequent earaches	<input type="checkbox"/>	Holds printed material too close/too far away
<input type="checkbox"/>	Has fluid draining from ears	<input type="checkbox"/>	Has improper eye movements
<input type="checkbox"/>	Takes prescription medicine	<input type="checkbox"/>	Seizures observed in the classroom
GROSS MOTOR		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Difficulty in hopping, skipping, jumping	<input type="checkbox"/>	Difficulty throwing/catching a ball
<input type="checkbox"/>	Difficulty going up/down stairs alternating feet	<input type="checkbox"/>	Problems with upper body motor movement
<input type="checkbox"/>	Problems with balancing	<input type="checkbox"/>	Problems with lower body motor movement
FINE MOTOR		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Problems with grasping reflex	<input type="checkbox"/>	Difficulty cutting paper with scissors
<input type="checkbox"/>	Problems with reaching/retaining motions	<input type="checkbox"/>	Difficulty in tying/buttoning/zippping
<input type="checkbox"/>	Cannot transfer objects from hand to hand	<input type="checkbox"/>	Difficulty in holding crayon/pencil
<input type="checkbox"/>	Difficulty building a tower of blocks	<input type="checkbox"/>	Difficulty staying within lines when writing
SOCIAL SKILLS		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Rarely interacts with classmates	<input type="checkbox"/>	Does not ask for help
<input type="checkbox"/>	Is frequently alone during lunch/recess	<input type="checkbox"/>	Does not look at the person talking
<input type="checkbox"/>	Is frequently teased by other children	<input type="checkbox"/>	Does not join in with group
<input type="checkbox"/>	Usually withdraws from touch	<input type="checkbox"/>	Does not share with others
<input type="checkbox"/>	Often engages in rocking/repetitive movement	<input type="checkbox"/>	Does not apologize
<input type="checkbox"/>	Unaware/takes no interest in other people	<input type="checkbox"/>	Does not express his/her feelings
ADAPTIVE BEHAVIOR		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Need for high degree of supervision	<input type="checkbox"/>	Inadequate skills: exchange of money
<input type="checkbox"/>	Immature/has only younger playmates	<input type="checkbox"/>	Inadequate skills: use of telephone, telling time
<input type="checkbox"/>	Constant thumb or finger sucking/hair chewing	<input type="checkbox"/>	Inadequate skills: appropriate personal hygiene skills
<input type="checkbox"/>	Difficulty feeding self; not toilet trained	<input type="checkbox"/>	Unable to wash/dry hands independently
BEHAVIOR		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Unable to interact with minimal friction	<input type="checkbox"/>	Frequently found to be untruthful
<input type="checkbox"/>	Difficulty staying on task	<input type="checkbox"/>	Mute/refuses to speak
<input type="checkbox"/>	Easily frustrated	<input type="checkbox"/>	Oppositional/resistant/noncompliant/negative
<input type="checkbox"/>	Frequently quarrels, pouts or sulks	<input type="checkbox"/>	Threatens other students
<input type="checkbox"/>	Denies mistakes/blames others	<input type="checkbox"/>	Interrupts others
<input type="checkbox"/>	Prefers to be alone/withdrawn/isolated	<input type="checkbox"/>	Puts down peers
<input type="checkbox"/>	Insults other students/adults	<input type="checkbox"/>	Difficulty paying attention to task/play/academics
<input type="checkbox"/>	Easily loses temper	<input type="checkbox"/>	Disciplinary actions have been initiated by principal or other school authorities
<input type="checkbox"/>	Acts before thinking – impulsive	<input type="checkbox"/>	Teases others
		<input type="checkbox"/>	Yells at other students/adults
		<input type="checkbox"/>	Bullies others
		<input type="checkbox"/>	Fails to turn in homework
		<input type="checkbox"/>	Fails to complete assignments
		<input type="checkbox"/>	Refuses to complete work
		<input type="checkbox"/>	Fails to bring materials to class
		<input type="checkbox"/>	OTHER (Please specify):

EMOTIONAL		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Upset by ANY change in routine	<input type="checkbox"/>	Exhibits unwarranted self-blame/self-criticism
<input type="checkbox"/>	Pronounced fear of failure	<input type="checkbox"/>	Has attempted suicide
<input type="checkbox"/>	Irritable for greater part of school day	<input type="checkbox"/>	Performs obsessive/compulsive behaviors
<input type="checkbox"/>	Appears withdrawn from peers	<input type="checkbox"/>	Changes mood for no apparent reason
<input type="checkbox"/>	Depressed for most of the day	<input type="checkbox"/>	Rarely laughs or smiles
<input type="checkbox"/>	Little interest in pleasurable activities	<input type="checkbox"/>	Engages in self-destructive behavior
<input type="checkbox"/>	Talks about suicide or death wishes	<input type="checkbox"/>	Shows excessive fears of specific objects
<input type="checkbox"/>		<input type="checkbox"/>	Unresponsiveness
<input type="checkbox"/>		<input type="checkbox"/>	Tells of extremely strange/illogical thoughts or fears
<input type="checkbox"/>		<input type="checkbox"/>	Creates imaginary/fantasy situations in an attempt to escape reality
<input type="checkbox"/>		<input type="checkbox"/>	Experienced significant changes in: activity levels/concentration/school grades
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (Please specify):
RECEPTIVE LANGUAGE		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Difficulty comprehending new ideas	<input type="checkbox"/>	Does not follow multi-step verbal directions
<input type="checkbox"/>	Does not understand/follow spoken directions	<input type="checkbox"/>	Does not understand vocabulary words related to curriculum
<input type="checkbox"/>	Cannot identify simple objects	<input type="checkbox"/>	Does not understand age appropriate vocabulary words
<input type="checkbox"/>	Does not demonstrate use of position words: on, under, front, behind, beside, over	<input type="checkbox"/>	Does not comprehend questions
<input type="checkbox"/>		<input type="checkbox"/>	Does not understand information in class that is presented orally
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (Please specify):
EXPRESSIVE LANGUAGE		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Difficulty organizing thoughts	<input type="checkbox"/>	Hesitant to engage in verbal interaction
<input type="checkbox"/>	Nonverbal	<input type="checkbox"/>	Silent much of time
<input type="checkbox"/>	Uses immature words/sentence patterns	<input type="checkbox"/>	Difficulty finding the right words
<input type="checkbox"/>	Uses oral grammar incorrectly	<input type="checkbox"/>	Difficulty giving directions
<input type="checkbox"/>	Difficulty asking questions	<input type="checkbox"/>	Does not tell definitions of words
<input type="checkbox"/>	Verbal responses do not relate to questions asked/subject under discussion	<input type="checkbox"/>	Difficulty putting thoughts down on paper
<input type="checkbox"/>		<input type="checkbox"/>	Does not use spoken compound sentences
<input type="checkbox"/>		<input type="checkbox"/>	Does not utilize age-appropriate grammar
<input type="checkbox"/>		<input type="checkbox"/>	Cannot retell a story
<input type="checkbox"/>		<input type="checkbox"/>	Difficulty telling a story
<input type="checkbox"/>		<input type="checkbox"/>	Does not name objects/actions in pictures
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (Please specify):
SPEECH		NO PROBLEMS OBSERVED	
ARTICULATION		VOICE	
<input type="checkbox"/>	Substitutes one sound for another	<input type="checkbox"/>	Too loud or too soft
<input type="checkbox"/>	Omits sounds	<input type="checkbox"/>	Consistently hoarse/harsh/breathy
<input type="checkbox"/>	Distorts sounds	<input type="checkbox"/>	Nasal sounding – like a constant cold
<input type="checkbox"/>	Difficulty sequencing sounds	<input type="checkbox"/>	Pitch too high or too low
<input type="checkbox"/>	Difficult to understand	<input type="checkbox"/>	Voice “lost” by end of or during day
<input type="checkbox"/>	Able to self-correct errors	<input type="checkbox"/>	Quality makes difficult to understand
<input type="checkbox"/>	Uses dialect	<input type="checkbox"/>	Quality resulting from culture
		FLUENCY	
		<input type="checkbox"/>	Rate of delivery too fast or too slow
		<input type="checkbox"/>	Disruption in normal flow of speech
		<input type="checkbox"/>	Words prolonged
		<input type="checkbox"/>	Excessive repetition of syllable/sound/word
		<input type="checkbox"/>	Interferes with daily communication
		<input type="checkbox"/>	Inserts unnecessary words into speech
		OTHER	
		<input type="checkbox"/> If additional characteristics are noted in any area of speech, please specify:	
VISUAL PERCEPTION		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Visual tracking difficulties	<input type="checkbox"/>	Transposes letters
<input type="checkbox"/>	Visually confuses objects/letters/numbers	<input type="checkbox"/>	Confuses left/right on pencil/paper activities
<input type="checkbox"/>	Difficulty discriminating between words with similar appearance	<input type="checkbox"/>	Difficulty completing missing details in objects or pictures
<input type="checkbox"/>	Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6	<input type="checkbox"/>	Difficulty in copying assignments from board to desk/book to paper
<input type="checkbox"/>		<input type="checkbox"/>	Prefers auditory activities
<input type="checkbox"/>		<input type="checkbox"/>	Difficulty identifying shapes in various sizes and positions
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (Please specify):
AUDITORY PERCEPTION		NO PROBLEMS OBSERVED	
<input type="checkbox"/>	Difficulty understanding spoken directions	<input type="checkbox"/>	Does not retain auditory stimuli
<input type="checkbox"/>	Does not orally form phrase/sentence correctly	<input type="checkbox"/>	Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling
<input type="checkbox"/>	Difficulty sounding out word, sound by sound	<input type="checkbox"/>	Difficulty identifying rhyming words
<input type="checkbox"/>		<input type="checkbox"/>	OTHER (Please specify):

