

**Warren County Schools  
School Assistance Team  
INITIAL MEETING SCREENING REVIEW**

Student Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
School: \_\_\_\_\_ Grade \_\_\_\_\_

**SECTION 1: FAMILY HISTORY**

This student lives with: (check)

- Biological Mother       Biological Father       Stepmother       Stepfather  
 Guardian(s) Please List: \_\_\_\_\_  
 Other Adult(s) Please List: \_\_\_\_\_

Other children in the home: (Indicate Number)

\_\_\_\_\_ Sisters: \_\_\_\_\_ Older \_\_\_\_\_ Younger      \_\_\_\_\_ Brothers: \_\_\_\_\_ Older \_\_\_\_\_ Younger

Mother's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SECTION 2: POSSIBLE FACTORS RELATED TO THE CHILD'S LEARNING/BEHAVIORAL PROBLEMS**

**A. Environmental Factors**

Have there been any changes in the home environment within the last 3 years?  YES       NO

**If NO, Skip to 2B.**

If yes, indicate the changes that have occurred:

- Moves: \_\_\_\_\_       Death in the Family: \_\_\_\_\_  
 Loss of Income: \_\_\_\_\_       New Family Member: \_\_\_\_\_  
 Conflicts: \_\_\_\_\_       Recent Illness: \_\_\_\_\_  
 Limited Background Experiences: \_\_\_\_\_  
 Home responsibilities interfering with learning activities (caring for siblings while parent works or other major home responsibilities): \_\_\_\_\_  
 Other: \_\_\_\_\_

-What efforts have been made to address environmental factors if they are a concern? \_\_\_\_\_

**B. Cultural Factors**

- Is English the child's second language?  YES       NO  
-Does the child receive ESL services?  YES       NO  
-Does the child have limited experiences in the majority –based culture? (does not participate in Scouts, clubs, or other organizations and activities with members of the dominant culture)  YES       NO  
-Does the child have limited involvement in organizations and activities of any culture?  YES       NO  
-Are secondary culture standards in conflict with majority-based culture standards?  YES       NO  
-What efforts have been made to address cultural factors if they are a concern? \_\_\_\_\_

Student's Name \_\_\_\_\_

**C. Economic Factors**

- Residence in a depressed economic area?  YES  NO
  - Low family income at a subsistence level?  YES  NO
  - Family unable to afford enrichment materials and/or experiences?  YES  NO
  - What efforts have been made to address economic factors if they are a concern? \_\_\_\_\_
- 
- 

**SECTION 3: PREVIOUS SCHOOL HISTORY**

- Has the student been retained?  YES  NO
  - Grade Retained: \_\_\_\_\_ Reason for Retention: \_\_\_\_\_
  - Previous Referral for Special Education?  YES  NO
  - Reason for Previous Referral: \_\_\_\_\_
  - Has the student received any special education services?  YES  NO
  - Which services? \_\_\_\_\_ When? \_\_\_\_\_
  - Has the student received other services (ex.504, counseling, social work, etc.)
- 

**SECTION 4: REVIEW OF EXISTING DATA**

**A. Attendance**

- Is attendance a concern for this student?  YES  NO  NOT ENROLLED IN SCHOOL (SKIP TO #26)
  - If NO, skip to 4B.**
  - Number of days absent during the current school year: \_\_\_\_\_
  - Number of days absent during the previous school year: \_\_\_\_\_
  - Does the student often arrive to school late or leave school early?  YES  NO
  - What has the school/ school system done to address the absenteeism/ late arrivals/ early dismissals?
- 
- 

**Attendance Pattern** (Indicate where problems occurred.)

<b>Grade</b>					
<b>Days Enrolled</b>					
<b>Absences</b>					
<b>Tardies</b>					

**B. Past and Current Subject Marks** (three most recent if appropriate)

<b>School Year</b>	<b>Grade</b>	<b>Subject/Mark</b>	<b>Subject/Mark</b>	<b>Subject/Mark</b>	<b>Subject/Mark</b>

Student's Name \_\_\_\_\_

Revised September 2015

SAT-5, Page 2 of 4

**C. Conduct Grades (past 3 years)**

School Year	Grade	Conduct Grade(s)

**D. Review of Previous Testing**

Instrument(s): \_\_\_\_\_ Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_

**E. Group Standardized Test Scores (record percentile scores)**

Test: _____			Test: _____			Test: _____		
Subtest	Year: _____		Subtest	Year: _____		Subtest	Year: _____	
Reading	Level	%ile	Reading	Level	%ile	Reading	Level	%ile
Math	Level	%ile	Math	Level	%ile	Math	Level	%ile
Writing	Level	%ile	Writing	Level	%ile	Writing	Level	%ile
Science	Level	%ile	Science	Level	%ile	Science	Level	%ile
Other:	Level	%ile	Other:	Level	%ile	Other:	Level	%ile

**SECTION 5: BEHAVIORAL/EMOTIONAL INFORMATION (PLEASE CHECK)**

Behavior Problems  YES If YES , please explain \_\_\_\_\_  
in school  NO \_\_\_\_\_  
\_\_\_\_\_

Describe how student is usually disciplined at school:

\_\_\_\_\_  
\_\_\_\_\_

Behavior Problems  YES If YES, please explain \_\_\_\_\_  
in home or  NO \_\_\_\_\_  
community \_\_\_\_\_

Describe how student is usually disciplined at home:

\_\_\_\_\_  
\_\_\_\_\_

Revised September 2015

SAT-5, Page 3 of 4

Student's Name \_\_\_\_\_

**SECTION 6: INVOLVEMENT WITH OUTSIDE AGENCIES**

Are there other professional agencies (other than the school) working with the student?

YES  NO

Department of Social Services     Mental Health     Health Department     Courts

Other \_\_\_\_\_

Please describe services that are provided

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 7: SPEECH LANGUAGE SCREENING**    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Articulation</b>	<b>Fluency</b>	<b>Language</b>	<b>Voice</b>
<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail

Comments: \_\_\_\_\_

Screening Performed by: \_\_\_\_\_ Position: \_\_\_\_\_

**SECTION 7: ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_