



STUDENT INFORMATION FORM

Student Name: _____ Date of Birth: _____ Age: _____
 School System: _____ School: _____
 Teacher: _____ Grade Level: _____

I. Educational Information

A. Special Education Eligibility (Place "P" for Primary Disability and "S" for Secondary Disability(ies) as documented on IEP)

- | | |
|---|--|
| _____ Orthopedically Impaired | _____ Hearing Impaired |
| _____ Mildly Intellectually Disabled | _____ Deaf |
| _____ Moderately Intellectually Disabled | _____ Vision Impaired |
| _____ Severely Intellectually Disabled | _____ Blind |
| _____ Profoundly Intellectually Disabled | _____ Other Health Impaired |
| _____ Speech-Language Impaired | _____ Traumatic Brain Injured |
| _____ Learning Disabled | _____ Severely Emotionally Disturbed |
| _____ Autistic | _____ Behavior Disordered |
| _____ Significantly Developmentally Delayed | _____ Pervasive Developmental Disorder |

B. All Special Education Services (List services indicated in student IEP)

Type of Service	Hours Per Week	Name of Provider
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Time in Regular Education Class (Hours per Week)

Is this student served in a regular education class? Yes No
 If yes, specify locations and time and if teacher or paraprofessional support is provided.

Location and Time	Support Provided?
_____	_____
_____	_____
_____	_____

II. Medical Diagnosis

_____ Cerebral palsy _____ Autism (specify) _____
 _____ Down's syndrome _____ Neurological disease (specify) _____

_____ Traumatic Brain Injury

_____ Other syndrome (specify) _____

III. Current Status

A. Vision (Please complete with input from vision teacher if appropriate)

Date of most recent formal test/screening: _____

Results: _____ Wears glasses? Yes No Acuity with glasses _____

Is the student's vision consistent across environments and time of day? _____

Based on formal and informal measures, student exhibits:

- _____ no visual impairment
- _____ suspected visual impairment
- _____ documented visual impairment

Explain: _____

If no formal test/screening results are available, please complete the following information:

Does the student visually track/follow people or objects? _____

Does the student accurately reach toward desired items? _____

In what position should an object be placed for the student to optimally fixate on it? _____

Does the student appear to be able to distinguish between light and dark? _____

Does the student appear to be able to distinguish between objects and colors? _____

Additional Comments: _____

If the student is visually impaired or blind, please complete the following information:

Vision Concerns

- | | | |
|----------------|--------------------|---------------------|
| _____ acuity | _____ visual field | _____ figure ground |
| _____ tracking | _____ nystagmus | _____ color blind |
| _____ scanning | _____ strabismus | |

Briefly describe any additional vision concerns **and** attach a copy of the most recent vision examination, if available: _____

Specify any vision technology currently used by student: _____

Classroom materials:

Does the student require any of the following modifications to materials? Yes No

Please check all that apply:

- _____ Darker lines
- _____ Increased space
- _____ Alternate background/font color (specify) _____
- _____ Additional Modifications: _____
- _____ Increased print size (specify) _____
- _____ Personal copy of overhead/board materials

During Computer Usage:

Describe student position at computer _____

Describe any visual modifications made to the computer display (font, color, enlarged mouse arrow, etc.) _____

B. Hearing

Date of most recent formal auditory testing/screening: _____

Results: _____

Does the student wear hearing aids? Yes No

Based on formal measures, student exhibits:

_____ no hearing loss
_____ suspected hearing loss
_____ mild hearing loss (left ear, right ear, both) Aided _____ Unaided _____
_____ moderate hearing loss (left ear, right ear, both) Aided _____ Unaided _____
_____ severe hearing loss (left ear, right ear, both) Aided _____ Unaided _____
_____ deaf

If no formal test/screening results are available, please complete the following information:

Does the student startle to unexpected noises? _____

Does the student appear to localize or respond to sound? _____

Does the student appear overly sensitive to certain sounds? _____ Specify _____

Does the student seem to hear better on one side or the other? _____ Specify side _____

Additional Comments: _____

If the student is hearing impaired or deaf, please complete the following information:

Briefly describe any hearing concerns **and** attach copy of most recent audiological examination, if available: _____

Specify any hearing technology currently used by the student: _____

C. Cognitive and Academic Status

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS.

Date of most recent psychological assessment: _____ Specify: _____

Results _____

Date(s) of most recent achievement test: _____ Specify instrument(s) and results: _____

Grade Equivalency:	Basic reading level _____	Spelling level _____
Math Calculation _____	Math Reasoning _____	Reading Comprehension _____
Written Expression _____	Basic reading level _____	Listening Comprehension _____

Date of most recent adaptive behavior assessment(s): _____ Specify instrument(s) and results: _____

Briefly describe student's writing abilities/written communication skills including adaptations used:

Briefly describe student's reading skills (decoding/comprehension) including adaptations used:

Briefly describe student's processing skills (visual, auditory, and visual-motor): _____

Please complete the following for pre-academic students or students in functional programs

_____ alerts to sound	_____ demonstrates functional use of objects
_____ anticipates routines	_____ matches to samples
_____ demonstrates object permanence	_____ sorts
_____ demonstrates cause/effect	_____ has a sight vocabulary, approx # _____
_____ identifies familiar people/objects	_____ attends to task for _____ seconds/ _____ minutes
_____ imitates within repertoire <input type="checkbox"/> vocal and/or <input type="checkbox"/> motor	

D. Behavior

Briefly describe any behavioral concerns (e.g. self-stimulatory, aggressive, attention seeking, etc.): _____

E. Communication

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS

Date of Formal Measures of Receptive/Expressive Language: _____ Specify instrument(s) and results: _____

Date of Informal Measures of Receptive/Expressive Language: _____ Specify methods: _____

Additional comments: _____

Based on the results of formal and informal testing, the student exhibits:

_____ no communication impairment

_____ communication impairment

If the student exhibits a communication impairment, please provide the following information:

Oral motor skills

- _____ structure is adequate for speech production
- _____ structure is inadequate for speech production – Describe: _____
- _____ function is adequate for speech production
- _____ Function is inadequate for speech production – Describe: _____

Receptive Communication Skills

- _____ Student anticipates familiar routines
- _____ Student follows verbal commands within repertoire, # of steps _____
- _____ Student understands single words (1-10 words 11-20 words More than 20)
- _____ Student understands common phrases
- _____ Student understands sentences

Expressive Communication Mode: (Check all modes of communication currently utilized by the student)

Nonsymbolic Communication

- _____ Facial expressions
- _____ Eyegaze
- _____ Gestures
- _____ Vocalization (e.g. laughing, crying)
- _____ Meaningful vocalizations (identifiable sounds)
- _____ Nonconventional behavior
- _____ Physical guidance of communication partner

Symbolic Communication

- _____ Manual Signs Type _____ Number _____
- Number of signs combined for communication _____
- _____ Verbal
- _____ word approximations
- _____ single word utterances 1-10 words 11-20 words 21-30 words 30+ words
- _____ Phrases/sentences 2-3 words more than 4 words

Briefly describe speech intelligibility: _____

Augmentative Communication System

Briefly describe systems previously and/or currently used including symbol set and access technique: _____

Primary mode of communication: _____

Preferred mode of communication: _____

Communication Interactions:

Does student independently initiate communicative interactions? Yes No

 Initiations are consistent across speakers environments

Does student independently respond to communicative interactions? Yes No

 Responses are consistent across speakers environments

Describe:

Communication Functions:

Check all functions currently expressed by the student:

- _____ gain attention
- _____ express basic wants and needs
- _____ Request activity choices
- _____ express rejection to indicate an undesired item/object/activity
- _____ express recurrence of a desired item/activity
- _____ express "finished" to indicate completion of an activity
- _____ request adult/peer assistance when needed
- _____ provide social greetings/farewells
- _____ express comments related to activity
- _____ respond appropriately to yes/no questions
- _____ respond appropriately to "wh" questions

Communication Environments:

- community
- worksite
- other, specify: _____
- home
- lunchroom
- classroom
- playground

Communication Partners:

- teachers
- other, specify: _____
- peers
- family

F. Motor

COMPLETE WITH INPUT FROM OCCUPATIONAL AND/OR PHYSICAL THERAPIST, IF STUDENT RECEIVES THESE SERVICES.

Date and results of formal/informal motor assessment: _____

Based on the results of **formal** and **informal** measures, student exhibits:

- _____ No motor impairment
- _____ Motor impairment

If the student exhibits motor impairment, please supply the following information:

Ambulation

- _____ Student is ambulatory
- _____ Student requires adaptive/assistive equipment for ambulation. Specify: _____

Seating and Positioning

What seating and positioning does the student use most often (adapted chair, prone stander, bean bag, mat, etc.)? _____

What is optimal seating and positioning for the student? _____

- _____ Student utilizes a wheelchair
- Type of wheelchair: _____

Wheelchair adaptations/features that promote stability (Check all that apply):

- _____ Head support
- _____ Trunk support
- _____ Knee abductor pommel
- _____ Strapped foot rest
- _____ Arm positioning – adductor pad
- _____ seatbelt

Laptray is available: Yes No Laptray is used for positioning for activities

_____ List other seating and positioning equipment utilized by the student: _____

_____ Current seating and positioning system is adequate

_____ Current seating and positioning system is inadequate

Seating and positioning concerns: _____

Body Tone

Student's general body tone is:

At rest:

During activities:

_____ Hypotonic (floppy) —

Hypotonic (floppy)

_____ Hypertonic (spastic) —

Hypertonic (spastic)

_____ Athetoid (fluctuating) —

Athetoid (fluctuating)

_____ Mixed —

Mixed

Reflexes

Student exhibits abnormal reflexes Yes No

_____ Startle

_____ Assymmetric Tonic Neck Reflex (ATNR) - To what side? _____

_____ Symmetric Tonic Neck Reflex (STNR)

_____ Extensor thrust

_____ Other – Describe: _____

Describe how the student's active body tone and reflexes affect motor control when completing functional activities: _____

Does the student use these reflexes to facilitate motor actions? _____

Range of Motion

_____ Student does not exhibit range of motion limitations

_____ Student exhibits range of motion limitations

Describe all areas involved: _____

_____ Can the student move his/her head in a controlled manner? _____

Consistency of Responses

_____ Student's motor responses are consistent

_____ Student's motor responses are affected by fatigue

_____ Student's motor responses are affected by change of position (Describe optimal positioning):

Fine Motor

Describe the student's fine motor skills including the completion of ADL's and handwriting:

Describe the student's most reliable motor response (e.g. right hand, switch contacted with head/cheek): _____

Sensory Integration

Does the student have sensory integration issues? Yes No Describe: _____

G. Current Technology Use

Please list ALL assistive technology (including devices, switches, computer hardware and/or software, etc.) currently used by the student at school and/or home:

How often does this student make use of the AT that is available? _____

When it is used, how successful and independent is the student? _____

What could be done to increase the student's effective use of appropriate assistive technology now in place? _____

Provide information about the computers available for use:

Typical school platform: Windows: Specify version(s) 95 98 2000 NT XP 7
 Macintosh: Specify OS(s) OS 9 OS X

What types of computers **are now** available for student use? _____
Where? _____

What types of computers **could be made** available for student use? _____
Where? _____

How often, for how long, and for what type of use does the student have access to these computers?

H. Consideration Checklist

Please complete the attached Consideration Checklist and return it with this form. You will be asked to provide information about required tasks across instructional and access areas. Also, include the accommodations, modifications, and technology solutions currently in place. A resource document is included with the checklist to provide sample tasks, accommodations, modifications, and technology tools.

I. Additional Information

Background Information Provided By:

Name	Position	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____