# 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)

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Orthopedically Impaired</td>
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<tr>
<td>Hearing Impaired</td>
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<tr>
<td>Mildly Intellectually Disabled</td>
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<tr>
<td>Deaf</td>
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<tr>
<td>Moderately Intellectually Disabled</td>
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<tr>
<td>Vision Impaired</td>
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<tr>
<td>Severely Intellectually Disabled</td>
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<tr>
<td>Blind</td>
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<tr>
<td>Profoundly Intellectually Disabled</td>
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<tr>
<td>Other Health Impaired</td>
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<tr>
<td>Speech-Language Impaired</td>
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<tr>
<td>Traumatic Brain Injured</td>
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<tr>
<td>Learning Disabled</td>
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<tr>
<td>Severely Emotionally Disturbed</td>
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<tr>
<td>Autistic</td>
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<tr>
<td>Behavior Disordered</td>
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<td>Significantly Developmentally Delayed</td>
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<td>Pervasive Developmental Disorder</td>
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### B. All Special Education Services (List services indicated in student IEP)

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<tr>
<th>Type of Service</th>
<th>Hours Per Week</th>
<th>Name of Provider</th>
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### 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.

<table>
<thead>
<tr>
<th>Location and Time</th>
<th>Support Provided?</th>
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## II. Medical Diagnosis

<table>
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<tr>
<th>Diagnosis</th>
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<tbody>
<tr>
<td>Cerebral palsy</td>
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<tr>
<td>Autism (specify)</td>
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<tr>
<td>Down’s syndrome</td>
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<tr>
<td>Neurological disease (specify)</td>
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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 print size (specify) ____________________________

☐ Increased space  ☐ Personal copy of overhead/board materials

☐ Alternate background/font color (specify) ____________________________

☐ Additional Modifications: ____________________________________________

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: __________

<table>
<thead>
<tr>
<th>Grade Equivalency:</th>
<th>Basic reading level</th>
<th>Spelling level</th>
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<tbody>
<tr>
<td>Math Calculation</td>
<td>______</td>
<td>______</td>
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<tr>
<td>Written Expression</td>
<td>______</td>
<td>______</td>
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</tbody>
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<th>Spelling level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math Reasoning</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>Basic reading level</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

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

<p>| | | | | |</p>
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</thead>
<tbody>
<tr>
<td>______</td>
<td>alerts to sound</td>
<td>______</td>
<td>demonstrates functional use of objects</td>
<td></td>
</tr>
<tr>
<td>______</td>
<td>anticipates routines</td>
<td>______</td>
<td>matches to samples</td>
<td></td>
</tr>
<tr>
<td>______</td>
<td>demonstrates object permanence</td>
<td>______</td>
<td>sorts</td>
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<tr>
<td>______</td>
<td>demonstrates cause/effect</td>
<td>______</td>
<td>has a sight vocabulary, approx # ________</td>
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</tr>
<tr>
<td>______</td>
<td>identifies familiar people/objects</td>
<td>______</td>
<td>attends to task for ______ seconds/ ______ minutes</td>
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<tr>
<td>______</td>
<td>imitates within repertoire</td>
<td>☐</td>
<td>vocal and/or ☐</td>
<td>motor</td>
</tr>
</tbody>
</table>

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
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)

**Non-symbolic Communication**
- Facial expressions
- Eyegaze
- Gestures
- Vocalization (e.g. laughing, crying)

**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

**Communication Environments:**  
- [ ] community  
- [ ] home  
- [ ] classroom
- [ ] worksite  
- [ ] lunchroom  
- [ ] playground

**Communication Partners:**  
- [ ] teachers  
- [ ] 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) ___________________
- Hypertonic (spastic) ___________________
- Athetoid (fluctuating) ___________________
- 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:**

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<th>Name</th>
<th>Position</th>
<th>Date</th>
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