

**Roosevelt School District  
45 DAY STUDENT SCREENING REPORT**

**School Name:** \_\_\_\_\_

<b>Name of Student</b>		<b>DOB</b>	<b>Student SAIS#</b>
<b>Date of Entry</b>	<b>Date Submitted</b>	<b>Teacher</b>	<b>Grade</b>
<p style="text-align: center;"><b>1. VISION</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board <input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes <input type="checkbox"/> <input type="checkbox"/> Has weak note-taking skills <input type="checkbox"/> <input type="checkbox"/> Other _____		<p style="text-align: center;"><b>6. COMMUNICATION SKILLS</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Has poor speech habits <input type="checkbox"/> <input type="checkbox"/> Articulates poorly <input type="checkbox"/> <input type="checkbox"/> Often stutters <input type="checkbox"/> <input type="checkbox"/> Has difficulty expressing ideas <input type="checkbox"/> <input type="checkbox"/> Other _____	
<p style="text-align: center;"><b>2. SOCIAL/BEHAVIORAL</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing) <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawing) <input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities <input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships <input type="checkbox"/> <input type="checkbox"/> Demonstrates inappropriate types of behavior or feelings under normal circumstances		<p style="text-align: center;"><b>7. HEARING</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks, "What?" <input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language <input type="checkbox"/> <input type="checkbox"/> Has frequent earaches <input type="checkbox"/> <input type="checkbox"/> Does not appear to pay attention <input type="checkbox"/> <input type="checkbox"/> Other _____	
<p style="text-align: center;"><b>3. PSYCHOMOTOR SKILLS</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Has short attention span <input type="checkbox"/> <input type="checkbox"/> Has problems with gross motor development (clumsy or awkward) <input type="checkbox"/> <input type="checkbox"/> Has problems with fine motor skills (reaching, grasping, manipulation of objects) <input type="checkbox"/> <input type="checkbox"/> Other _____		<p style="text-align: center;"><b>8. OTHER CONSIDERATIONS</b></p> <p>Last grade attended: _____ Year attended: _____                  Last school attended: _____</p> <p>Is the child taking medications? <span style="float: right;">Y    N</span></p> <p>Date records requested: _____ Received: _____</p> <p>Date records reviewed: _____ Reviewer: _____</p> <p>History of special/adaptive or IEP education? <span style="float: right;">Y    N</span>                  Has the student ever been retained? <span style="float: right;">Y    N</span>                  Grade(s) of retention: _____</p>	
<p style="text-align: center;"><b>4. ACADEMIC/COGNITIVE PROGRESS</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli) <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____ <input type="checkbox"/> <input type="checkbox"/> Has difficulty acquiring, retaining, recalling or manipulating information <input type="checkbox"/> <input type="checkbox"/> Other _____		<p style="text-align: center;"><b>PRIMARY LANGUAGE ASSESSMENT</b></p> <p>If any of the following is other than English, a primary language assessment must be done.</p> <p>a) The language most spoken in the home is English/Spanish/Other                  b) The language most spoken by the student is English/Spanish/Other                  c) The child's first spoken language was English/Spanish/Other</p> <p>Language Proficiency Assessment Date (AZELLA) _____                  Category: _____</p>	
<p style="text-align: center;"><b>5. ADAPTIVE DEVELOPMENT</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language <input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs, and express ideas <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use		<p style="text-align: center;"><b>ADMINISTRATIVE ACTION</b></p> <p><input type="checkbox"/> NO PROBLEM AT THIS TIME  <input type="checkbox"/> PROBLEM NOTED: Action Taken Below</p> <p>Y    N Current IEP/Special Education Records Received                  Y    N Referred for SAT                      Date _____                  Y    N Referred for 504 plan                  Date _____                  Y    N Other _____                      Date _____                  Y    N Referred to Nurse                      Date _____</p>	
		<p><b>Administrator's Signature and Date</b></p> <p>_____</p>	

This form is designed to screen new students in the Roosevelt School District. Teachers, please return this form to your School Attendance Clerk within 45 calendar days of the student's school entry date. Teachers, please retain a copy of the completed form for your records.