

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: Building of Attendance: Years at Building:		DOCUMENTATION OF INSTRUCTIONAL INTERVENTION Please check below, as appropriate: <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)]			How does this student learn best? (Check all that apply.) With an adult <input type="checkbox"/> Large group activities <input type="checkbox"/> Morning With peers <input type="checkbox"/> Small group activities <input type="checkbox"/> Afternoon One on one <input type="checkbox"/> Individual activities <input type="checkbox"/> No identified time		
Number of schools attended:			Estimated longest timespan: Describe activity which best holds attention:		
Indicate any current or past supplemental programs/services: Title I <input type="checkbox"/> OTHER (Specify): Preschool Head Start			ATTENTION		
Has a previous request for Child Study been made? YES <input type="checkbox"/> NO <input type="checkbox"/>			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?		
If yes, please attach ALL RELEVANT information from previous requests for Child Study, such as LSC minutes or any reports, etc.			PARENT CONTACT		
NATIVE LANGUAGE Student: Parent(s):			RESULTS OF PREVIOUS TESTS		
AVAILABLE MEDICAL HISTORY - Attach any reports or information provided by the parent(s) that is not maintained in the cumulative record.			TEST NAME RESULTS AGE DATE GIVEN		

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	
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)	

STUDENT'S PREFERRED ASSESSMENT STYLE	
O - Oral answers	
T - True/False	
MC - Multiple Choice	
M - Matching	
F - Fill in the blank	
S - Short Answer	
E - Essay	
D - Demonstrated Application	

TYPE OF ACADEMIC DIFFICULTY OBSERVED BY TEACHER	
RD - Reading Decoding	
RC - Reading Comprehension	
L - Listening Comprehension	
W - Writing Mechanics	
MC - Math Calculation	
MR - Math reasoning/application	
OE - Oral Expression	
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:

- For GRADES column, provide the most current grade(s).
- 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.
- For TYPE OF ACADEMIC DIFFICULTY, indicate the type of difficulty the student is having by placing a check (✓) in the applicable column(s). (For example: Reading – (✓) in RC to indicate observed difficulties in Reading Comprehension while decoding skills are adequate; History – (✓) 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:

- Student is currently enrolled in reading, language arts and/or math classes, begin at the current grade level in the problem area(s).
- Student is having academic difficulty but is NOT currently enrolled in reading, language arts and/or math classes,
 - 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.
 - 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 [✓] 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	PROBLEMS OBSERVED	EXPLANATION
Always complains of feeling sick	<input type="checkbox"/>	Wears glasses	Often has bruises on body
Is continually thirsty	<input type="checkbox"/>	Complains of blurred/double vision	Tics – involuntary movements/noises
Eating problems	<input type="checkbox"/>	Frequently squints/rubs eyes	Has a serious illness
Wears hearing aids	<input type="checkbox"/>	Complains of not being able to see the board	Health problems which require special care
Has frequent earaches	<input type="checkbox"/>	Holds printed material too close/too far away	OTHER (Please specify):
Has fluid draining from ears	<input type="checkbox"/>	Has improper eye movements	
Takes prescription medicine	<input type="checkbox"/>	Seizures observed in the classroom	
GROSS MOTOR			
	NO PROBLEMS OBSERVED		
Difficulty in hopping, skipping, jumping	<input type="checkbox"/>	Difficulty throwing/catching a ball	Has unusual gait
Difficulty going up/down stairs alternating feet	<input type="checkbox"/>	Problems with upper body motor movement	Uses walker/prosthesis/wheelchair for mobility
Problems with balancing	<input type="checkbox"/>	Problems with lower body motor movement	OTHER (Please specify)
FINE MOTOR			
	NO PROBLEMS OBSERVED		
Problems with grasping reflex	<input type="checkbox"/>	Difficulty cutting paper with scissors	Difficulty copying letters/words/numbers
Problems with reaching/retaining motions	<input type="checkbox"/>	Difficulty in tying/buttoning/zippping	Difficulty spacing
Cannot transfer objects from hand to hand	<input type="checkbox"/>	Difficulty in holding crayon/pencil	OTHER (Please specify):
Difficulty building a tower of blocks	<input type="checkbox"/>	Difficulty staying within lines when writing	
SOCIAL SKILLS			
	NO PROBLEMS OBSERVED		
Rarely interacts with classmates	<input type="checkbox"/>	Does not ask for help	Does not recognize another's feelings
Is frequently alone during lunch/recess	<input type="checkbox"/>	Does not look at the person talking	Cannot deal with being left out
Is frequently teased by other children	<input type="checkbox"/>	Does not join in with group	Does not accept "no" as answer
Usually withdraws from touch	<input type="checkbox"/>	Does not share with others	Does not accept consequences of own action
Often engages in rocking/repetitive movement	<input type="checkbox"/>	Does not apologize	OTHER (Please specify):
Unaware/takes no interest in other people	<input type="checkbox"/>	Does not express his/her feelings	
ADAPTIVE BEHAVIOR			
	NO PROBLEMS OBSERVED		
Need for high degree of supervision	<input type="checkbox"/>	Inadequate skills: exchange of money	Does not engage in independent community skills
Immature/has only younger playmates	<input type="checkbox"/>	Inadequate skills: use of telephone, telling time	Lacks daily living skills: sweeping; mopping; using washer and dryer, etc.
Constant thumb or finger sucking/hair chewing	<input type="checkbox"/>	Inadequate skills: appropriate personal hygiene skills	OTHER (Please specify):
Difficulty feeding self; not toilet trained	<input type="checkbox"/>	Unable to wash/dry hands independently	
BEHAVIOR			
	NO PROBLEMS OBSERVED		
Unable to interact with minimal friction	<input type="checkbox"/>	Frequently found to be untruthful	Teases others
Difficulty staying on task	<input type="checkbox"/>	Mute/refuses to speak	Yells at other students/adults
Easily frustrated	<input type="checkbox"/>	Oppositional/resistant/noncompliant/negative	Bullies others
Frequently quarrels, pouts or sulks	<input type="checkbox"/>	Threatens other students	Fails to turn in homework
Denies mistakes/blames others	<input type="checkbox"/>	Interrupts others	Fails to complete assignments
Prefers to be alone/withdrawn/isolated	<input type="checkbox"/>	Puts down peers	Refuses to complete work
Insults other students/adults	<input type="checkbox"/>	Difficulty paying attention to task/play/academics	Fails to bring materials to class
Easily loses temper	<input type="checkbox"/>	Disciplinary actions have been initiated by principal or other school authorities	OTHER (Please specify):
Acts before thinking – impulsive	<input type="checkbox"/>		

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