



BISHOP DWENGER HIGH SCHOOL

Special Education Student Information Parent Form

Student Name _____ Grade _____

Previous School Attended _____

ISP/IEP? _____ Behavior Plan? _____

Primary Disability _____

Secondary Disability _____

Has your child ever received private therapy for behavior? Yes No

Does your child have any mental/emotional issues? Yes No

Does your child have a medical diagnosis? Yes No

Is your child currently taking any medicine? Yes No

Does your child's IEP provide for a full-time assistant? Yes No

For each answer "Yes", please explain:

What are your child's strengths and weaknesses?

What are your concerns about high school?

To help determine how to best meet your child's needs, a current teacher report has been developed to get a better understanding of how your child learns. Please have your child's teacher(s) complete the following pages. In addition to the current teacher report, please attach your child's most recent psychological evaluation.



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Special Education Current Teacher Report

Name of Student: _____

Date: _____ Current Grade Level: _____

School: _____

Name of Professional Completing Report: _____

Job Title: _____

What are the student's strengths in class?

Weaknesses?

What motivates the student?

How does the student cope with frustration?

Additional Comments:



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Reading

Difficulty with decoding/passage fluency	Yes	No
Difficulty with reading comprehension	Yes	No
Receives modified literature instruction/assessment	Yes	No
Current reading level: _____		
Language Arts Standardized Testing Scores: _____	Pass	DNP

Interventions: _____

Comments: _____

Written Expression

Difficulty with compositional spelling	Yes	No
Poor sentence structure	Yes	No
Poor grammar	Yes	No
Poor punctuation	Yes	No
Poor vocabulary usage	Yes	No
Poor organization	Yes	No
Difficulty sequencing ideas	Yes	No
Poor paragraph construction	Yes	No
Delayed oral language development impairs written expression	Yes	No
Receives modified writing instruction/assessment	Yes	No

Interventions: _____



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Comments: _____

Handwriting

Illegible writing	Yes	No
Poor spacing and sizing of letters	Yes	No
Transposes letters/numbers/words	Yes	No
Reverses letters/numbers/words	Yes	No
Uses a scribe	Yes	No
Uses own electronic device to type work (laptop, ipad, etc)	Yes	No

Comments: _____

Mathematics

Difficulty with computation	Yes	No
Difficulty with math concepts/vocabulary	Yes	No
Difficulty with problem solving/applied math	Yes	No
Receives modified instruction/assessment	Yes	No
Standardized Testing Scores: _____	Pass	DNP

Current math level: _____

Interventions: _____

Comments: _____



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Additional Academic Concerns/Comments:

Behavior

Social/Emotional/Behavioral Checklist

1. Not a problem	2. Mild Problem	3. Moderate Problem	4. Serious Problem
<input type="checkbox"/> easily distracted	<input type="checkbox"/> has difficulty working independently	<input type="checkbox"/> Has trouble staying on task	
<input type="checkbox"/> Has incomplete work	<input type="checkbox"/> Has incorrect work	<input type="checkbox"/> needs an unusual amount of structure	
<input type="checkbox"/> fidgets	<input type="checkbox"/> has trouble keeping hands to self	<input type="checkbox"/> abuses own or other's property	
<input type="checkbox"/> is isolated by classmates	<input type="checkbox"/> walks around room needlessly	<input type="checkbox"/> leaves room without permission	
<input type="checkbox"/> teases inappropriately	<input type="checkbox"/> has difficulty making/keeping friends	<input type="checkbox"/> is frequently "picked on"	
<input type="checkbox"/> daydreams excessively	<input type="checkbox"/> blames others for mistakes	<input type="checkbox"/> verbally threatens others	
<input type="checkbox"/> gives up easily	<input type="checkbox"/> takes property of others	<input type="checkbox"/> Gets into fights frequently	
<input type="checkbox"/> talks out	<input type="checkbox"/> uses inappropriate language	<input type="checkbox"/> has poor personal hygiene	
<input type="checkbox"/> is bossy	<input type="checkbox"/> leaves building without permission	<input type="checkbox"/> rushes through work	
<input type="checkbox"/> is defiant	<input type="checkbox"/> has difficulty taking turns	<input type="checkbox"/> difficulty expressing ideas fluently	
<input type="checkbox"/> talks back	<input type="checkbox"/> is disorganized	<input type="checkbox"/> Has difficulty following class/school rules	
<input type="checkbox"/> is withdrawn	<input type="checkbox"/> has poor listening skills	<input type="checkbox"/> Has trouble following directions	
<input type="checkbox"/> over-conforms	<input type="checkbox"/> has difficulty recalling previous material	<input type="checkbox"/> frequently seeks attention inappropriately	
<input type="checkbox"/> lacks self-confidence	<input type="checkbox"/> has difficulty with sensory input	<input type="checkbox"/> uses poor judgment about safety	
<input type="checkbox"/> appears tense/afraid	<input type="checkbox"/> expresses anger inappropriately	<input type="checkbox"/> has difficulty comprehending oral instructions	
<input type="checkbox"/> throws objects	<input type="checkbox"/> is unable to calm self when upset	<input type="checkbox"/> has difficulty interpreting social language cues	
<input type="checkbox"/> cries easily	<input type="checkbox"/> whines or complains frequently	<input type="checkbox"/> frustrates easily	
<input type="checkbox"/> tires easily	<input type="checkbox"/> has trouble with transitions	<input type="checkbox"/> frequently absent/tardy	



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Comments:

Does the student have a behavior plan? Yes No

Does the student have a personal assistant? Yes No

Does the student require an escort through hallways? Yes No

If you answered yes to any of the three previous questions, please explain: _____
