Data Recording Form for Team Review and Consideration

Student's Name: _____

Strengths: _____

Birthday: _____*Does the child's behavior coincide with age?* _____

Is s/he older/younger than others? _____

Guardian(s): _____

Contact with guardian(s)/dates: _____

Street Address: _____

Attended kindergarten at _____

ESOL Level: 1   2   3   4   5   REL   N/A

Family Concerns Y/N	Attendance Issues Y/N	Social Challenges Y/N
Social Services Client Y/N	Medical Concerns Y/N	Behavior Concerns Y/N
Admin Consulted Y/N	Counselor Consulted Y/N	Cumulative Folder Consult Y/N

*Further information for all categories marked Yes:*_____

Math: Above/Below/On Level (based on current work and/or past report card)
Benchmark Scores

Reading: Above/Below/On Level (based on current work and/or past report card)
Benchmark Scores

Top two concerns regarding student and strategies implemented to address them:

1. _____
2. _____

Two questions you want answered in the problem-solving meeting (i.e., strategy ideas, timeline for process, group advice for supporting child/family)

1. _____
2. _____
(Credit: Jessica Blasic. Used with permission.)