

## Problem Identification Screening Summary Form

Use this form to document and summarize all of the problem identification data that have been collected to determine what problem the problem-solving team will target. Problem-solving teams should be sure to use the data indicated on this form to form their discrepancy statements.

School or District: \_\_\_\_\_

Student: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

### CUMULATIVE FOLDER REVIEW

#### Health Information

- ☐ Vision concern  
☐ Hearing concern  
☐ ADHD  
☐ Asthma  
☐ Other diagnosis: \_\_\_\_\_

#### Attendance

# Days absent last year: \_\_\_\_\_  
 # Days absent current year: \_\_\_\_\_  
 Other concerns: \_\_\_\_\_

#### Previous Schools/Services

- ☐ Prereferral interventions—Dates: \_\_\_\_\_  
☐ Title 1—Dates: \_\_\_\_\_  
☐ SPED Eval/Services—Dates: \_\_\_\_\_  
☐ Out of district—Dates: \_\_\_\_\_  
☐ Retained—Dates: \_\_\_\_\_  
☐ Home schooled—Dates: \_\_\_\_\_  
☐ Other \_\_\_\_\_

### Grades

#### Elementary

	Math	Reading	Writing
Above			
Meets			
Below			

Other concerns: \_\_\_\_\_

#### Secondary

GPA: \_\_\_\_\_  
 Credits earned: \_\_\_\_\_

### INTERVIEW SUMMARY

	Parent	Student	Teacher
Date:			
Type of Interview:			
<input type="checkbox"/> Attach completed interview notes			

### CLASSROOM OBSERVATION

Date:	By:		
Type:	<input type="checkbox"/> Interval <input type="checkbox"/> Frequency	<input type="checkbox"/> Latency <input type="checkbox"/> Duration	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____

**TESTING RECORDS**

☐ Attach historical record of all local district and state testing results

**PROBLEM IDENTIFICATION SUMMARY**

Team met to review these data on: \_\_\_\_\_

Prioritized area of concern:

Discrepancy statement:

List at least two sources of convergent data that support this discrepancy:

☐ Baseline data are plotted on the attached graph

Disposition: ☐ Level 1: Grade-level team      ☐ Level 2: Consultation from support staff: \_\_\_\_\_  
☐ Level 3: Problem-solving team      ☐ Level 4: Special education

Team members:

Team member responsible for follow-up: