

<b>SCHOOL-BASED RTI TEAM - INTERVENTIONS</b>
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<b>STUDENT/FAMILY INFORMATION</b>
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*CONFIDENTIAL*

<b>STUDENT NAME:</b>	<b>DATE:</b>
<b>STUDENT NUMBER:</b>	<b>DATE OF BIRTH:</b>
<b>TEACHER/ROOM</b>	<b>STUDENT AGE:</b>
<b>CASE MANAGER:</b>	<b>GRADE/TRACK:</b>
<b>PARENT NAME:</b>	<b>DAY PHONE:</b>
<b>ADDRESS:</b>	<b>ZIP:</b>

<b>HEALTH HISTORY</b>			
	YES	NO	COMMENT (Please explain all "YES" responses)
Medical problems during pregnancy?			
Complications at birth?			
Medical problems as an infant?			
Current medical problems?			
Hearing/Vision problems?			
Delayed crawling/walking?			
Delayed talking?			
Other Significant Factors?			

<b>EDUCATIONAL HISTORY</b>			
	YES	NO	COMMENT (Please explain all "YES" responses)
Attended pre-school?			
Attended kindergarten?			
Retained or failed a grade?			
Attended special classes?			
Any learning problems?			
Difficulty doing homework?			
Has attended 3 or more schools?			
Language/Communication problems?			
Other Significant Factors?			