Student Summary Form (Sample)

**Directions:** The referring teacher or interventionist should complete or update this form. Please submit it to the facilitator at least 1 week before the meeting.

**Teacher Completing Form:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Last Update:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part 1: Student Demographic and Background Information

|  |  |
| --- | --- |
| **Student name** |  |
| **Grade** |  |
| **Date of birth** |  |
| **Relevant medical and background information (e.g., results of recent vision or hearing screenings)** |  |
| **Relevant language information, including first language and time in country (when relevant)** |  |

Identify and describe any special services the student currently or has previously received, including the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Special Services | Currently Receiving | Previously Received | Comments |
| Individualized education program (IEP) |  |  |  |
| 504 plan |  |  |  |
| English language services |  |  |  |
| Dyslexia instruction |  |  |  |
| Gifted and talented |  |  |  |
| Counseling |  |  |  |
| MTSS/RTI Tier 2 Intervention |  |  |  |
| MTSS/RTI Tier 3 Intervention |  |  |  |
| Other, please describe: |  |  |  |

Describe recent relevant communications about student performance, strengths, and needs.

|  |  |
| --- | --- |
| Role | Notes |
| Parents/family members |  |
| Classroom teacher(s) |  |
| Other educators working with the student |  |

# Part 2: Summary of Strengths and Areas of Concern

Briefly describe the student’s strengths and areas of concern for each relevant content area.

|  |  |  |
| --- | --- | --- |
| Area | Strengths | Challenges |
| Reading |  |  |
| Mathematics |  |  |
| Behavior/social skills |  |  |
| Other, please describe: |  |  |

# Part 3: Summary of Student Data

Note whether relevant data are attached. Please summarize relevant student data.

| Data Source | Data Attached  (Yes, no, or list sources) | Data Summary and Notes |
| --- | --- | --- |
| State or district assessment scores (including language assessments for English learners) |  |  |
| Current grades |  |  |
| Screening data (including measure, student score, and norm in each area) |  |  |
| Attendance for current year (and historical data when applicable) |  |  |
| Diagnostic data, including work samples that illustrate area of concern |  |  |
| Behavior data (e.g., office disciplinary referrals, daily report cards from current year, historical data) |  |  |
| Progress monitoring data and other formative assessments |  |  |
| Other data (please describe) |  |  |

# Part 4: Current and Previous Intervention(s)

Complete this section for each intervention in the primary area of concern that has been previously attempted. Provide a link to the [student’s intervention plan](https://intensiveintervention.org/resource/intervention-plan-small-groups-or-individual-students), if available.

## Description of the Intervention or Supports

Briefly summarize the validated intervention program or previous efforts to address the area of concern.

|  |  |  |
| --- | --- | --- |
| Brief Description of Intervention or Supports Provided to the Student | Provider(s) | Setting (e.g., location, potential distractions, time of day) |
|  |  |  |

For current interventions, use the table below to provide more detail about the validated program/platform and intervention adaptations across the dimensions of the *Taxonomy of Intervention Intensity*.

| Dimensions[[1]](#footnote-2) | Description of Intervention Dimension and Implementation |
| --- | --- |
| Strength: *Evidence of effectiveness of the intervention for students with similar needs.* |  |
| Dosage: *Number of opportunities a student has to respond and receive corrective feedback.* | * Group size: * Sessions per week: * Length of session: * Opportunities to respond: |
| Alignment: *Target skills addressed in the intervention* |  |
| Attention to transfer: *Supports for generalization to core programming or other settings* |  |
| Comprehensiveness: *Explicit instruction principles included* |  |
| Behavioral Support (for academic interventions): *Behavioral supports included in the intervention design and delivery* |  |
| Academic Support (for behavioral interventions): *Connection to academic instruction in the intervention design and delivery* |  |

## Description of Data Collection

Briefly summarize the progress monitoring data collection plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Progress Monitoring Measure Used | Frequency of Data Collection | Progress Monitoring Goal | Person Responsible for Collecting Data |
|  |  |  |  |

Graphed progress monitoring data attached:

☐ Yes ☐ No ☐ Not applicable

# Part 5: Description of Primary Area of Concern/Hypothesis

|  |
| --- |
| **After reviewing the data above, summarize the primary area of concern and the desired outcome for the student.** |
|  |
| **Summarize potential reasons (i.e., skill deficit or function of behavior) that may be contributing to the student’s performance.  What is your hypothesis about why the student is not performing as expected?** |
|  |

1. For a complete description of each dimension, access the [Taxonomy of Intervention Intensity: Academics and Behavior Handout.](https://intensiveintervention.org/sites/default/files/Taxonomy-Overview-Handout508.pdf) [↑](#footnote-ref-2)