

Problem Solving Team Information Sheet
(Please complete electronically and return via e-mail)

This information sheet is designed to help teachers prepare for discussing a student at problem solving meetings. The questions below will help all of us to be prepared for an informed problem solving process once we get to the meeting. Many students referred to problem solving team will have follow up observation and or assessment before the meeting takes place. Please answer the questions below so that we may help you better in assessing the students' needs.

Date	
Teacher:	
Person completing the referral (If other than teacher)	

Student information

Name	
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How is the student's health?		How is the student's attendance?	
Vision		Hearing	
Has the parent been contacted about this referral?			

Please list current and past in-school supports (check all that apply).

Support from compensatory reading teacher		Support from Special education teacher		Tutoring (indicate type)
Speech/language services		OT/PT		ESL
Individual counseling		Group Counseling		Behavior Plan
Counseling (community based)				Other

Please describe out of school supports (e.g., outside counseling).

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Please describe the student's current reading and math levels (attach data electronically along with this document)

Reading	
Written Expression	
Math	

Reason for referral

Please indicate specific academic, social, emotional and or medical factors that impact upon the student's learning/progress. Please be as specific as possible.

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Please describe strengths, positive qualities that the student has, and or things that the student likes. Think especially of qualities/strengths/likes that might help us to develop interventions for the student.

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Interventions attempted Please describe specific attempts made to meet the student’s needs associated with the referral concern(s).

Intervention/modification	Date began	Ended	Outcome

Academic difficulties (Please complete the section below only for students with academic difficulties.)

Please describe the problem as specifically as possible	
About how much time during the day does the student spend actively engaged in the academic area	
Estimates skill level	
Level at which student is taught	
Comments	

Behavioral/emotional difficulties (Complete this section only for students with behavioral/emotional difficulties.)

Please describe the problem as specifically as possible	
Briefly describe when is the problem most likely occur(e.g., subject, unstructured times)	
When does the problem occur the least?	
How often does it occur? (e.g., “About 10 times a day” or “About 80% of the time”)	
On a scale of 1 – 10 how intense is the problem?	
Do you feel that the student receives instruction at his or her level?	

Comments	
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Please list days and times that the student could be observed in the classroom (When the problem is most likely to be observed). Also please indicate preferred times for screenings to take place.

Monday

Tuesday

Wednesday

Thursday

Friday

Please describe any specific information that you would like to be gathered through an additional screening assessment (e.g., phonemic awareness, phonics assessment, behavior observation etc.)

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Please describe what you would like to get out of the problem solving process.

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