

Data Day Student Identification Form

Student: _____ Date: _____

Teacher: _____ Grade Level: _____

Specific Areas of Concern:

Reading/Language:

___ Letter Recognition ___ Vocabulary ___ Visual Tracking ___ Sounds to Symbol ___ Fluency
___ Comprehension ___ Phonemic Awareness ___ Phonics ___ Other: _____
CBM Score _____ (below average) Benchmark: Fall Winter Spring
CBM Score _____ (below average)
CBM Score _____ (below average)

Math:

___ Computation ___ Number Concepts ___ Problem Solving ___ Facts
___ Applications (time, money, measurements) ___ Other: _____
CBM Score _____ (below average) Benchmark: Fall Winter Spring
CBM Score _____ (below average)
CBM Score _____ (below average)

Spelling:

___ Use of Random Numbers ___ Use of Consonant Sounds ___ Use of Vowels
___ Use of Inventive Spelling ___ Other: _____
CBM Score _____ (below average) Benchmark: Fall Winter Spring

Written Language:

___ Written Expression ___ Punctuation ___ Handwriting ___ Reversals
___ Other: _____
CBM Score _____ (below average) Benchmark: Fall Winter Spring

Communication:

___ Articulation ___ Expressive Language ___ Receptive Language ___ Other: _____

Work Skills:

___ Time on Task ___ Task Completion ___ Organization ___ Retention of Skills
___ Other: _____

Behavior/Social Skills:

___ Interaction with Peers ___ Interaction with Adults ___ Appropriate Behaviors ___ Conduct
___ Excessive Irritability ___ Frequent Health Complaints
___ Difficulty with Transitions ___ Hyperactivity/Attention Problems ___ Excessive Sadness
___ Excessive Fears/Anxiety ___ Other: _____ ___ Other: _____

**Please attach any relevant work samples, previous CBMs, and any other relevant data that will provide the team with more information regarding this student's needs.*

Data Day Student Identification Form, continued

List the top two priorities for the student. (List only two, even if more than two concerns are noted):

1. _____

2. _____

Attempted Interventions:

1. _____

Date: _____ Length/ # of Sessions: _____

2. _____

Date: _____ Length/ # of Sessions: _____

3. _____

Date: _____ Length/ # of Sessions: _____

Why do you think that strategies tried were unsuccessful?

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What are your goal(s) for this student?

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Other Relevant Information:

Data Days: Sample Agenda

November 5th and 6th

Who

Problem Solving Team - Mrs. Smith, Mrs. Jones, Mr. Doe, Mrs. Ford and Mrs. Chevy

Tiger Teams including Reading Specialist

Where

Office Conference Room

Materials to Bring

- List of students who are not meeting progress monitoring goals (students who are not meeting goal line on progress monitoring graph)
- Printed Progress Monitoring Improvement Report for students not meeting goal
 - * Progress Monitoring Tab
 - * Click on Insufficient Scores for each child not meeting goal
 - * Click PDF Tab
 - * Open with Adobe Reader
 - * Print
- Work samples and other relevant data if applicable

Agenda

1. Each individual tiger team classroom teacher will present students (one at a time for group discussion) who are not meeting their progress monitoring goals.
 - Order will follow Data Day Schedule
2. Discussion will focus on the student and the current interventions with coordination of Title One Teacher, ELL Teacher, SLP, SEPC, Principals, Tiger Team.
3. Problem solving team and tiger team teachers will collaboratively fill out referral form for each child.

Data Day: Sample Schedule

Time	February 19	Time	February 20
8:10-9:00	Sue Harry Bob	8:30-9:20	Beverly Sam Penelope Macy
9:10-10:00	Ralph Jerry Tom Rudolph	9:30-10:20	Joel Ruby Misty Title One
10:10-11:00	Beatrice Ramona Melody	10:30-11:20	Peggy Doreen Dorothy Teresa
12:30-1:20	Becky Benjamin Catherine Paul Title One	12:20-1:10	
1:30-2:20	Andrew Richard Henrietta Title One	1:20-2:10	Harvey Diana Loretta Kimberly Title One
2:30-3:20	Olivia Darleen Regina Nadine	2:20-3:10	Oliver Susan Wyatt Pamela

*Floating subs will be coming to your room to relieve you at these times. All meeting will take place in the conference room in the main office.

Individual Learning Plan Form

Student: _____
Teacher: _____

Date: _____
Grade: _____

___ Tier 2
___ Tier 3

Problem Statement:

Instructional Focus:

___ PA ___ Phonics ___ Vocabulary ___ Fluency ___ Comprehension ___ Writing ___ Math ___ Behavior

Research Based Intervention:

1. _____

Staff Member Responsible: _____

Progress Monitoring Tool: _____

Progress Monitoring Dates:

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Progress Monitoring Data:

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2. _____

Staff Member Responsible: _____

Progress Monitoring Tool: _____

Progress Monitoring Dates:

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Progress Monitoring Data:

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Materials Needed:

Additional Assessments that need to be given:

___ STAR Math ___ STAR Reading ___ Phonics Survey ___ Gates ___ DIBELS ___ Speech ___ Hearing

___ Sight ___ Sight Word Survey ___ AIMS Web ___ Oral Fluency ___ SRI ___ S.I. Benchmark ___ DRA

___ Other: _____

Ways to support the Teacher/Student:

Goals and Tasks that need to be completed by next meeting:

