



Athol-Royalston Regional School District **Special Education Data Form** (Initial Referrals and Reevals)

(If reevaluation and eSped data correct put no change—still need students name and grade)

LASID# _____ SASID # _____ SCHOOL _____ Grade _____

Name (first,mid,last) _____ Age _____ Race _____

Place of Birth _____ DOB _____

Parent/Guardian _____ Phone(h) _____

Address _____ Phone (w) _____

Email Address _____

Classroom Teacher(s): _____ Today's Date _____

Initiator of Referral : _____ Position _____

(If initial referral) SIGNATURE OF PRINCIPAL indicating that that all efforts have been made to meet student's needs in regular education per MGL Ch71 Section 38Q1/2

******(Principal sig.)*_____ *Date*_____*****

DUE DATE OF REEVALUATION: _____

Please list when the teacher(s), Child Study team and/or others have met to discuss areas of concern for this student. Briefly describe nature of the meeting and outcomes attempted:

Date	Who in attendance	Steps taken after meeting/outcome

Briefly describe the student's strengths & interests

Please complete other side  

Special Education Data Form (page 2)

Briefly describe and attach data including work samples.

<i>Educational Area</i>	<i>Weakness/Strength</i>	<i>Impact on learning</i>
Reading Decoding and fluency		
Reading Comprehension		
Written Expression		
Verbal Comprehension		
Oral Expression		
Math Basic skills		
Math Reasoning		
Emotional coping skills		
Social Pragmatics		
Executive functioning		

What is (are) the primary question(s) you want to have answered by this assessment?

Number of days absent: This year _____ Last year _____

Last MCAS Scores: ELA _____ Math _____ Science _____

Other relevant data:

Team Members to be invited:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____