

**St. Lucie Public Schools**

**PSET1: Problem-Solving Evaluation Team Request Form for Private/Home School Students**

<b>SECTION I: DEMOGRAPHIC INFORMATION</b>				
Student Name			DOB	Grade
Ethnicity	Gender	School	Homeroom Teacher	
Parent/Guardian Name		Parent/Guardian Phone & Email		
Address (Street, City, Zip)				

<b>SECTION II: STUDENT HISTORY</b>	
<b>Attendance</b>	Total # of days absent/tardy this school year ____/____ Last school year ____/____
<b>Discipline</b>	Total # of disciplinary infractions/referrals this school year ____ Last school year ____
<b>Retention</b>	If yes, indicate grade level(s) retained _____
<b>ESOL</b>	Is the students' first language English? ___Yes ___No* <i>*If no, please identify language</i> _____
<b>Health</b>	___Student takes medication ___Student wears hearing aids ___Student wears glasses
List medication(s) _____	

<b>SECTION III. PRIMARY CONCERN(S) –Please be specific:</b>

<b>SECTION IV: PARENT/LEGAL GUARDIAN CONTACT</b>	
Type of Contact	Comments/Plan/Outcome
<b>DATE:</b> _____ ___Phone ___In Person ___E-mail	

<b>SECTION V: STUDENT PROFILE</b>		
<b>STUDENT'S STRENGTHS - Check all that apply.</b>		
<input type="checkbox"/> Confident; sets high standards for self <input type="checkbox"/> Creative in thoughts, new ideas, seeing associations, etc. <input type="checkbox"/> Empathetic; sensitive to the feelings of others <input type="checkbox"/> Humorous; highly developed sense of humor <input type="checkbox"/> Persistent; stays with a project until completed <input type="checkbox"/> Resourceful; reasons things out in ingenious ways <input type="checkbox"/> Self-starter; engages in self-directed activities <input type="checkbox"/> Other (please list) _____	<input type="checkbox"/> Flexible; adapts easily to new situations <input type="checkbox"/> Imaginative; verbally expressive <input type="checkbox"/> Inquisitive; exhibits intellectual curiosity <input type="checkbox"/> Leader; well-liked by classmates <input type="checkbox"/> Motivated; requires little direction <input type="checkbox"/> Responsible; follows through with tasks <input type="checkbox"/> Venturesome; willing to take risks <input type="checkbox"/> Other (please list) _____	<input type="checkbox"/> Artistic / musical <input type="checkbox"/> Athletic <input type="checkbox"/> Independent <input type="checkbox"/> Takes initiative <input type="checkbox"/> Positive attitude <input type="checkbox"/> Positive role model <input type="checkbox"/> Respectful

<b>Additional strengths/comments:</b>

**TEACHER OBSERVATIONS – Check all that apply.**

- |                                                                      |                                                                            |                                                           |
|----------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Appears inattentive, easily distracted      | <input type="checkbox"/> Constantly seeks attention-especially from adults | <input type="checkbox"/> Withdrawn                        |
| <input type="checkbox"/> Misinterprets verbal questions & directions | <input type="checkbox"/> Reverses or confuses letters-numbers- words       | <input type="checkbox"/> Low frustration tolerance        |
| <input type="checkbox"/> Difficulty following direction in sequence  | <input type="checkbox"/> Leads or joins others in inappropriate behavior   | <input type="checkbox"/> Poor fine motor control          |
| <input type="checkbox"/> Difficulty staying on the line when writing | <input type="checkbox"/> Use of poor judgment in relationships             | <input type="checkbox"/> Poor gross motor control         |
| <input type="checkbox"/> Impulsive-talks out-difficulty waiting turn | <input type="checkbox"/> Makes inappropriate responses to conversation     | <input type="checkbox"/> Difficulty expressing ideas      |
| <input type="checkbox"/> Performs inconsistently from day to day     | <input type="checkbox"/> Engages in destructive and/or aggressive behavior | <input type="checkbox"/> Poor understanding of vocabulary |
| <input type="checkbox"/> Frequently loses place when reading         | <input type="checkbox"/> Slow to react to and follow directions            |                                                           |

Comments not included above in teacher’s observation(s):

**CURRENT LEVELS**

Reading Curriculum used: \_\_\_\_\_ Student’s level \_\_\_\_\_ Current grade: \_\_\_\_\_  
Writing Curriculum used: \_\_\_\_\_ Student’s level \_\_\_\_\_ Current grade: \_\_\_\_\_  
Math Curriculum used: \_\_\_\_\_ Student’s level \_\_\_\_\_ Current grade: \_\_\_\_\_

**TIERED INTERVENTIONS**

Interventions are not required for a student to be evaluated. Please list any interventions that have been attempted so far:

- Small group intervention focusing on \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Delivered by (name/title) \_\_\_\_\_  In classroom OR  Pulled out  
Progress monitoring tool being used to track students’ progress \_\_\_\_\_
- Individual intervention focusing on \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Delivered by (name/title) \_\_\_\_\_  In classroom OR  Pulled out  
Progress monitoring tool being used to track students’ progress \_\_\_\_\_
- Interventions have not been attempted, but will begin on \_\_\_\_\_ (date) using the following curriculum \_\_\_\_\_ delivered by (name/title) \_\_\_\_\_ through \_\_\_\_\_ that is *in the classroom* or *pulling the student from class* (circle one) using the following for progress monitoring tool \_\_\_\_\_.
- We do not implement/provide tiered interventions at our school.

**SECTION VI: ADDITIONAL COMMENTS**

Completed by (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_