

Registration Form

School: _____ Grade: _____ School Year: _____

1. Student Information (Please PRINT student name exactly as it appears on the birth certificate)											
Legal Last Name:			Legal First Name:			Full Middle Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Age:	
2. Language					3. Date of Birth			4. Country of Birth			
What language do people speak in the home most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____					MM	DD	YYYY		<input type="checkbox"/> United States <input type="checkbox"/> Other _____		
What language does the student speak most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____									US Only - State of Birth:		
What language did the student first speak or understand? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____											
5. Race and Ethnicity (Check all that apply)					6. Student's PRIMARY racial/ethnic identity (choose only one)						
Is this student Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Multiracial		
	<input type="checkbox"/> Black/African American		<input type="checkbox"/> White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White				
	<input type="checkbox"/> Native Hawaiian/Pacific Islander				<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> Hispanic/Latino				
7. Home Address											
Residential Address:			City:	State:	Zip:	Mailing Address (if different):			City:	State:	Zip:
8. Parents / Guardians - Must be Legal Guardians –Emergency Contacts listed below											
Parent/Guardian Student Lives With	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?					
	Last Name:			First Name:			Home Phone:		Cell Phone:		Work Phone:
	Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start Date: _____					End Date: _____					
	Email: _____					Employer: _____					
Other Parent/Guardian	<input type="checkbox"/> Also Lives With Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian					Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language?					
	Last Name:			First Name:			Home Phone:		Cell Phone:		Work Phone:
	Military: <input type="checkbox"/> Active <input type="checkbox"/> Reserve Start Date: _____					End Date: _____					
	Address:			City:	State:	Zip:	Email: _____		Employer: _____		
9. Siblings											
<u>Name (last name, first name)</u>			<u>Date of Birth</u>		<u>School (if attending)</u>			<u>Grade</u>			
_____			_____		_____			_____			
_____			_____		_____			_____			
_____			_____		_____			_____			
10. Other Information (check all that apply)											
<input type="checkbox"/> Foster/DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> Migrant (Agricultural or Forestry Industry Dependent) <input type="checkbox"/> Teen Parent <input type="checkbox"/> Chronic Illness											
11. Emergency Contacts-Persons who will care for/pick up student if parent cannot be reached. (must be over 18 and show photo ID)											
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____											
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language		
Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Other _____											
Name:			Home Phone:		Work Phone:		Cell Phone:		<input type="checkbox"/> Interpreter needed? Language		
12. Enrollment History											
Last School Attended: _____ City: _____ State: _____							Has this student ever attended a TUSD school? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type: <input type="checkbox"/> TUSD <input type="checkbox"/> Non-TUSD Public/Charter <input type="checkbox"/> Private <input type="checkbox"/> Other _____							If yes, which school? _____				
13. Special Classes, Accommodations or Services (check all that apply past or present)											
<input type="checkbox"/> English Language Development <input type="checkbox"/> GATE/Gifted/Accelerated Program <input type="checkbox"/> 504 Plan-Provide copy <input type="checkbox"/> Special Education <input type="checkbox"/> Current IEP-Provide copy											
<input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational/Physical Therapy <input type="checkbox"/> Other											
14. Transportation											
Students must meet eligibility guidelines as listed in Board Policy EEA (please see the TUSD website).											
If eligible , will this student ride the bus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , student will ride: <input type="checkbox"/> To and From School <input type="checkbox"/> To school only <input type="checkbox"/> From school only											
Office Use Only	Perm ID # _____	SAIS/EdFi ID _____		Neighborhood School Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Enrolled: _____		Entry Code: _____			
	Synergy Entry Date: _____			Entered by: _____		Birthdate Verified by: _____		<input type="checkbox"/> Birth Cert	<input type="checkbox"/> Baptism Cert	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Cohort verified by: _____ Special Classes & Accommodations (Box 13) notified by: 504 _____ GATE _____ ELL _____ ExEd _____										
	<input type="checkbox"/> Picture ID <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Immunizations <input type="checkbox"/> Health Card <input type="checkbox"/> PHLOTE <input type="checkbox"/> McKinney-Vento <input type="checkbox"/> CUM File Reviewed										

Parent / Guardian Signature _____ Date _____

Student Information Packet

Student Name: _____

Grade: _____

Attach the documents, as needed, and indicate the date completed:

_____ MET/IEP/504/Accommodation (Support) Plan documents – Current and Initial if available

_____ Evaluations/Doctor reports/Agency documentation

Contact info: _____

_____ Therapy Progress Reports

Contact info: _____

_____ Medical Records

Description: _____

Attach School documentation:

_____ School Interventions and Supports Data

_____ Teacher Information

_____ Discipline Summary

_____ Copies of Cumulative Record

_____ Grades/Report Cards from the previous 3 years

_____ Standardized testing MAP/AZELLA/IXL/etc.

_____ Other: _____

Date completed: _____

Received by TUSD: _____

Student Information Packet

Student's full name: _____ Gender: _____

Student Date of Birth: _____ Student Grade: _____

Current School: _____

REFERRAL INFORMATION
Child's Strengths
Describe the child's strengths.
Reason for Referral
Describe any concerns that you have or any recent changes in the child's academic progress, development, or behavior (e.g., difficulties with adults or peers, changes in concentration or activity level, disruptive, withdrawn, etc.).
Targeted strategies that have been successful:
1.
2.
3.
Has the child ever been evaluated/assessed/tested for special education? [Y] [N] By whom: _____ When: _____ Results: _____ What services did/do they receive? _____
History of private support services? [Y] [N] Please describe:

Student Information Packet

DEMOGRAPHICS

Parent Name: _____ Primary Custodian

Home Address: _____ City: _____

Zip: _____ Phone: _____ / _____
Home Work

Email: _____

Parent Name: _____ Primary Custodian

Home Address: _____ City: _____

Zip: _____ Phone: _____ / _____
Home Work

Email: _____

HOME LANGUAGE

Is any language other than English spoken in the home? Yes No (skip to next section)

Language(s)	Child		Parent(s) / Guardian(s)	
	Understands	Speaks	Understands	Speaks

MEDICAL

Has the child had any significant medical conditions and/or accidents? Yes No

Describe:

Does the child take any medication(s)? Yes No

Describe:

Hearing

Date: _____ Passed: _____ Failed: _____

Retest date: _____ Passed: _____ Failed: _____

Vision

Date: _____ Retest Date: _____

Both: _____ Right: _____ Left: _____

(Must include results, not just pass/fail)

Does student wear glasses? [Y] [N] Were glasses worn during screening? [Y] [N]

Student Information Packet

SCHOOL HISTORY

Please attach school attendance history, retention history, discipline history, standardized test scores and (3) years' worth of grades

School of attendance: _____

School contact info:

Name: _____ Position: _____

Email: _____ Phone: _____

Student's general education teacher:

Name: _____ Phone: _____

Email: _____

Attendance

Circle those grades for which there were more than 15 unexcused or excused absences:

PreK K 1 2 3 4 5 6 7 8 9 10 11 12

Excessive tardies? Yes No

Has this student been retained? Yes No If yes, which grade?

SCHOOL SUPPORTS PROVIDED

Direct interventions:

Accommodations:

Modifications:

Discipline

Student has a history of discipline concerns? [Y] [N]

Describe:

Student Information Packet

ACADEMICS				
Academic Concerns				
Check the area(s) in which the student is having difficulties:				
<input type="checkbox"/> Basic reading skills <input type="checkbox"/> Reading fluency skills <input type="checkbox"/> Reading comprehension <input type="checkbox"/> Mathematics calculations <input type="checkbox"/> Mathematics reasoning <input type="checkbox"/> Written expression	<input type="checkbox"/> Listening comprehensive <input type="checkbox"/> Oral expression <input type="checkbox"/> Other:			
Describe the specific problems the child is having in any area(s) indicated:				
Academic Skills (Check one for each area)	Rarely	←	→	Frequently
Complete tasks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Performs well on quizzes and tests	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Completes in class assignments	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Brings materials to class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Makes good effort	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Pays attention in class	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Follows directions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Completes homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

COMMUNICATION – Check all that apply	
Receptive Language	
Difficulty understanding vocabulary words related to the curriculum	Difficulty understanding information in class that is presented orally
Difficulty understanding spoken directions	Difficulty demonstrating use of position words, such as, on, under, front, behind, besides, over, etc.
Difficulty identifying simple objects	Difficulty understanding age-appropriate vocabulary
Difficulty comprehending questions	
Other (specify):	

Student Information Packet

Expressive Language			
Difficulty organizing thoughts when communicating		Verbal responses do not relate to questions asked or subject under discussion	Difficulty using age-appropriate grammar
Difficulty telling a story		Difficulty asking questions	Hesitant to engage in verbal interaction
Difficulty finding the right words		Uses immature sentence patterns	Difficulty naming objects / actions in pictures
Difficulty telling definitions of words		Nonverbal	Uses immature words
Other (Specify):			

Speech			
Articulation		Voice	Fluency
Substitutes one sound for another		Consistently hoarse/harsh/breathy	Rate of delivery too fast / slow
Difficulty sequencing sounds		Nasal sounding -like a constant cold	Disruption in normal flow of speech
Omits sounds		Pitch too high or too low	Words prolonged
Distorts sounds		Voice "lost" by the end of or during the day	Excessive repetition of syllable/sound/word
Difficult to understand		Uses Dialect	Inserts unnecessary words into speech

MOTOR	
Gross Motor	Fine Motor
Open a classroom door	Manipulate classroom tools
Independently access the playground equipment	Copy from the board / another paper to their paper
Independently navigate the school campus	Has a mode of written communication appropriate for their age
Safely navigate within the classroom. If checked, please provide detail:	
Other (Specify):	

Student Information Packet

PRESENT LEVELS FORM

To be completed by the student's General Education Teacher

Student: _____ Grade: _____
Teacher/School: _____ Date of Review: _____
Place: _____

Please list three or more of the student's **academic** strengths.

- 1.
- 2.
- 3.

PRESENT LEVELS

Please describe how the student is performing in all of the following areas in your classroom. (Description must include a narrative of what the student is able to and has difficulty doing)

Reading

Student can:

Student is not yet:

Writing

Student can:

Student is not yet:

Math

Student can:

Student is not yet:

Communication

Student can:

Student is not yet:

Motor

Student can:

Student is not yet:

Self-Help

Student can:

Student is not yet:

Social Emotional:

Student can:

Student is not yet:

Additional Comments:

When you have completed this packet, please email it and any attachments to:

TUSDEXED_Evals@TUSD1.org