

# District Procedure



New Student



Re-Eval

NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

**Please place information in order before giving to secretary for copying.**

- ☐ Notice of Committee Meeting (NCM) - Original in Blue Folder
- ☐ IEP Minutes
- ☐ Environmental Form
- ☐ IEP (Individualized Education Program) - Original in Blue Folder

- ☐ Determination of/ Continuation of Eligibility Report (PPDS)
- ☐ (Parental Consent)
- ☐ Speech/Language Assessment
- ☐ Psychological Report
- ☐ Summary Report

- ☐ Internal Eligibility Checklist
- ☐ Consideration for SLD with Classroom Observation Report
- ☐ Adaptive Behavior Scales (Vineland)
- ☐ PROTOCOLS (all tests) - Originals stay in RED folder
- ☐ Screening Data Form (Screening Language)
- ☐ Orofacial Exam Checklist
- ☐ Hearing/Vision Form
- ☐ Elementary/Secondary Teacher Narrative (OR Developmental History)
- ☐ Learning Style Inventory
- ☐ TEAM Form and Teacher Support Notes
- ☐ Instructional Intervention
- ☐ MET Forms
- ☐ ALL NOTICES
- ☐ Any requests to Disclose Information
- ☐ Any other information
- ☐ Summary of Parent Interview
- ☐ Copy of Birth Certificate and Social Security Card

## NOTES:

Info has been entered in:

- ☐ MicroSped
- ☐ SEAS
- ☐ MSIS
- ☐ Child Find

## CHILD FIND INFO

MET Referral Date: \_\_\_\_\_

MET RESPONSE: (1) Remains in Regular Ed? Y N

(2) Referred to TST? Y N

(3) Date Referred for Comprehensive Assessment: \_\_\_\_\_

MET Response Date: \_\_\_\_\_

Parent Consent to Evaluate? Y N

Date of Consent: \_\_\_\_\_

## ELIGIBILITY DECISION

Eligibility Decision? Y N

Eligibility Date: \_\_\_\_\_

Parent Permission to Serve? Y N

IEP Date: \_\_\_\_\_

## MET TEAM MEMBERS PRESENT AT MEETING

- |  |   |
|--|---|
| <input type="checkbox"/> Parent        | <input type="checkbox"/> Agency Rep.      |
| <input type="checkbox"/> Counselor     | <input type="checkbox"/> Case Manager     |
| <input type="checkbox"/> Psychometrist | <input type="checkbox"/> Reg. Ed. Teacher |
| <input type="checkbox"/> Psychologist  | <input type="checkbox"/> SPED Teacher     |

## RELATED SERVICES

- ☐ Speech (District)
- ☐ Speech (DRMC)
- ☐ Occupational Therapy (DRMC)
- ☐ Physical Therapy (DRMC)

## INSTRUCTIONS

- ☐ Make RED folder
- ☐ Make BLUE folder
- ☐ Make YELLOW folder

Revised 03/12

## PLACEMENT

- ☐ PH - Service Provider Location
- ☐ PI - Regular Early Program
- ☐ SA - Regular
- ☐ SB - Resource
- ☐ SC - Self-Contained

## GRADUATION TRACK

- ☐ Regular
  - ☐ Certificate
  - ☐ MS Occupational Diploma
  - ☐ District GED Option
- SCD: ☐ YES ☐ NO

# NOTICE OF COMMITTEE MEETING

(Proposed Action to Initiate the Development or Review/Revision of IEP;

Determine Behavior Plan/Interventions and Manifestation Review; Re-Evaluation; Change in Placement)

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

☐ Mailed

☐ Sent

☐ Given

School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Dear Parent,

You are invited to a meeting to discuss your child's education services and program. Any changes in your child's educational placement will also be discussed. Such services and changes in your child's program will be determined by the IEP Committee. You are considered a Committee member; therefore, your participation in this meeting is needed.

We encourage you to attend this meeting as decisions will be made regarding your child's educational program. Your involvement is an important part of your child's education and your participation in this meeting is needed. The meeting will be held as follows:

DATE: \_\_\_\_\_

Time: \_\_\_\_\_

AM PM

LOCATION: \_\_\_\_\_

The purpose of the meeting is to:

- ☐ 1. Develop a temporary IEP for your child.
- ☐ 2. Develop the IEP for your child, including the determination of your child's special education and related service needs.\*
- ☐ 3. Discuss transition services \*\*.
- ☐ 4. Discuss options for exiting high school.
- ☐ 5. Determine your child's placement for receiving special education services.
- ☐ 6. Review and, as necessary, revise your child's IEP.
- ☐ 7. Review and, as necessary, revise your child's IEP based on the hearing officer's order for placement in an interim alternate setting.
- ☐ 8. Review your child's placement for services.
- ☐ 9. Discuss re-evaluation to determine whether your child continues to have a disability, including the need for special education and related services, and whether your child's current disability category continues to be appropriate.
- ☐ 10. Determine placement based on disciplinary action by school authorities.
- ☐ 11. Develop and/or review a behavior plan for your child.
- ☐ 12. Develop and/or review behavioral interventions.
- ☐ 13. Determine if your child's behaviors are related to your child's disability.
- ☐ 14. Determine if criteria for Extended School Year (ESY) services are met.
- ☐ 15. OTHER (Please specify) \_\_\_\_\_

Reason(s) for such action(s) proposed include requirement to:

- ☐ 16. Determine appropriate special education and, as necessary, related services for your child.
- ☐ 17. Develop an IEP for your child so that special education and, as necessary, related services may be initiated.
- ☐ 18. Determine your child's placement to receive appropriate services.
- ☐ 19. Review and, as necessary, revise your child's IEP to ensure appropriate services are provided.
- ☐ 20. If your child is at least 14 years old, discuss and develop/revise transition services which are a coordinated set of activities based on your child's needs that promote movement from school to post-school activities.
- ☐ 21. If your child is at least 16 years old, discuss services from other agencies that may be available to assist with transition services.
- ☐ 22. Review program options and determine the appropriate placement for your child to receive services, and, as appropriate, change your child's placement to an appropriate setting.
- ☐ 23. Review your child's placement based on his/her educational needs.
- ☐ 24. Conduct a re-evaluation due to three-year mandate.
- ☐ 25. Conduct a re-evaluation as requested by their parent(s) or teacher(s) or as conditions warrant.
- ☐ 26. Determine the interim alternative setting for placement, based on disciplinary action by school authorities.
- ☐ 27. Change your child's placement to another setting due to disciplinary action(s).
- ☐ 28. Develop a behavior plan, or review an existing plan, and revise the plan if necessary.
- ☐ 29. Develop behavior interventions or review existing interventions and revise them, if necessary.
- ☐ 30. Determine if your child's behaviors are related to your child's disability.
- ☐ 31. Determine if criteria for Extended School year (ESY) services are met.
- ☐ 32. OTHER (Please specify) \_\_\_\_\_

Options considered before convening this meeting:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 33. Regular education without services | <input type="checkbox"/> 37. Tutoring         | <input type="checkbox"/> 41. Alternative Program  |
| <input type="checkbox"/> 34. Change in teaching methodology     | <input type="checkbox"/> 38. Schedule change  | <input type="checkbox"/> 42. Current placement with supplementary aids and services, as appropriate |
| <input type="checkbox"/> 35. Behavior interventions             | <input type="checkbox"/> 39. Counseling       | <input type="checkbox"/> 43. Rules and requirements mandate need for meeting                        |
| <input type="checkbox"/> 36. Bilingual / ESL services           | <input type="checkbox"/> 40. Remedial program |   |
| <input type="checkbox"/> 44. OTHER (Please specify) _____       |   |   |

## NOTICE OF COMMITTEE MEETING - Page 2

(Proposed Action to Initiate the Development or Review/Revision of IEP; Determine Behavior Plan/Interventions and Manifestation Review; Re-Evaluation; Change in Placement)

The options considered were rejected by school personnel, due to:

- ☐ 45. Continued academic difficulty by your child  
☐ 46. Interventions were unsuccessful  
☐ 47. Educational needs cannot be met in current placement

- ☐ 48. Disciplinary action(s) requirement that placement be changed in accordance with district policies  
☐ 49. No rejection of options: meeting must be held due to regulations and the need to review and, if necessary, revise your child's IEP

The following persons have been asked to attend this meeting (Name

Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Education teacher _____	Psychologist _____
Assessment personnel _____	Speech/Language Pathologist _____	Diagnostic personnel _____
School administrator _____	Behavior Specialist _____	Occupational Therapist _____
Regular ed teacher _____	Vocational representative _____	Physical Therapist _____
Assessment personnel _____		
OTHER (Please specify) _____		

The following evaluation procedures, tests, records or reports will be reviewed and discussed:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Academic achievement         | <input type="checkbox"/> Assistive technology assessment  | <input type="checkbox"/> Criteria for extended school year                 |
| <input type="checkbox"/> Audiological evaluations     | <input type="checkbox"/> Cognitive functioning            | <input type="checkbox"/> Current IEP                                       |
| <input type="checkbox"/> Classroom observations       | <input type="checkbox"/> Curriculum-based assessment      | <input type="checkbox"/> Disciplinary action(s) by school authorities      |
| <input type="checkbox"/> Gross/Fine-motor skills      | <input type="checkbox"/> Functional behavioral assessment | <input type="checkbox"/> Functional vision assessment                      |
| <input type="checkbox"/> Orofacial functioning        | <input type="checkbox"/> Hearing officer's decision       | <input type="checkbox"/> Preliminary goals and objectives for services     |
| <input type="checkbox"/> School and/or home behaviors | <input type="checkbox"/> Parental input                   | <input type="checkbox"/> Program placement options                         |
| <input type="checkbox"/> Speech/Language skills       | <input type="checkbox"/> Personality assessment           | <input type="checkbox"/> Progress reports                                  |
| <input type="checkbox"/> Vision/hearing screening     | <input type="checkbox"/> Self-help/Adaptive behavior      | <input type="checkbox"/> Requirements for high school graduation           |
| <input type="checkbox"/> Visual/Auditory skills       | <input type="checkbox"/> Vocational assessment            | <input type="checkbox"/> State and/or district assessment program criteria |
| OTHER (Please specify) _____                          |   |  |

\* Regulations require that written parental permission be obtained prior to the initial provision of special education and as necessary, related services outlined on your child's IEP. After we agree on your child's initial IEP, we will want you to give us permission in writing for placement. No special education and/or related services will be provided to your child without your written permission.

\*\* Your child has been invited to the meeting since one purpose of the meeting is to discuss and plan transition services. Your child's attendance is needed so that we can discuss his/her preferences and interests in relation to transition services. If your child is at least 16 years old, staff from other agencies, who may be able to provide appropriate services, have also been invited to attend. The agencies they represent are indicated below:

- ☐ Department of Mental Health ☐ Other (Please specify) \_\_\_\_\_  
☐ Department of Vocational Rehabilitation \_\_\_\_\_

You may bring any individuals you believe would be of help to you due to their knowledge or expertise regarding your child.

You may contact me or any of the following resources to help you understand the Federal and State regulations for educating children with disabilities and parental rights granted by those regulations:

Mississippi Department of Education	1-601-359-3498
Mississippi Protection and Advocacy, Inc.	1-800-772-4057
Parent Partners	1-800-366-5707
Project EMPOWER	1-800-337-4852

Other resources: \_\_\_\_\_

Both Federal and State regulations concerning the education of children with disabilities include many parental rights and responsibilities. A copy of the Procedural Safeguards, which include the rights available to you and your child, are enclosed with this notice.

Please complete the attached Response Form (Page 3) and return it to me within the noted timeframe in order to finalize the plans for the meeting. Your input and opinions concerning your child's services and placement are very important. Please keep pages T1 and T2 for your records.

Sincerely, \_\_\_\_\_

Name and Title

Phone Number: \_\_\_\_\_

# PARENT INVITATION RESPONSE FORM

(District Identification / Notice of Committee Meeting)

Name of Child: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Purpose of Meeting: \_\_\_\_\_

Date of Scheduled Meeting: \_\_\_\_\_ Time of Scheduled Meeting: \_\_\_\_\_ A.M. P.M.

Location of Scheduled Meeting: \_\_\_\_\_

Please check one response below, and return (within 2 school days) to the person listed at the bottom of this page.

1 ☐ I will attend the meeting at the scheduled time.

2 ☐ I want to come, but I cannot attend the meeting at the scheduled time. Please contact me at:

(Phone number): \_\_\_\_\_ to make other arrangements.

I am available for the following dates/times:

DATE(S): \_\_\_\_\_ TIME(S): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3 ☐ I will not be able to attend the meeting in person, but would like to participate via telephone  
(Phone number) \_\_\_\_\_ at the scheduled meeting time.

4 ☐ I DO NOT WISH TO PARTICIPATE IN THE MEETING. Please conduct the meeting without my  
being present, but contact me following the meeting, at  
(Phone No.) \_\_\_\_\_.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

Name and Title: \_\_\_\_\_, Your Child's Special Education Teacher

School: \_\_\_\_\_

Address: \_\_\_\_\_; Greenville, MS

Telephone Number: (662) 334 - \_\_\_\_\_

Method of Verification: \_\_\_\_\_

Date Verified: \_\_\_\_\_

Verified By: \_\_\_\_\_

Parent Invitation Response Form 1B/5B

(Return this page to student's teacher within two school days.)

Notice of Committee Meeting T3

## NOTICE FOR INITIAL EVALUATION (If Parent Attends Local Survey Committee Meeting)

DATE:    ☐ MAILED        ☐ SENT        ☐ GIVEN \_\_\_\_\_

Dear Parent: \_\_\_\_\_

The Local Survey Committee has met and recommended that your child, \_\_\_\_\_ be evaluated to determine possible eligibility for special education services. You were indicated as a member of this committee. In order to make this determination, including if your child may have a disability, a comprehensive evaluation must be conducted by qualified personnel.

We propose to conduct this evaluation for the following reason(s) indicated:

- ☐ Determine developmental level(s)
- ☐ Determine if a disability exists
- ☐ Determine educational performance levels based on the curriculum and need for special education and related services
- ☐ Behavioral concerns
- ☐ OTHER (Please specify) \_\_\_\_\_

The following option(s) was considered prior to recommending this evaluation:

- |   |  |
|---|--|
| <input type="checkbox"/> Continued regular education without support services | <input type="checkbox"/> Schedule change                       |
| <input type="checkbox"/> Continued regular education with support services    | <input type="checkbox"/> Counseling                            |
| <input type="checkbox"/> Behavior interventions                               | <input type="checkbox"/> Remedial programs                     |
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Alternate programs                    |
| <input type="checkbox"/> OTHER (Please specify) _____                         | <input type="checkbox"/> Continued instructional interventions |

The option(s) considered was rejected due to:

- ☐ Continued academic difficulty
- ☐ Interventions were unsuccessful
- ☐ Educational needs cannot be met in current placement
- ☐ Observed speech/language difficulties
- ☐ OTHER (Please specify) \_\_\_\_\_

The following evaluation procedures, tests, records or reports were used as a basis for the proposed action to evaluate

- |   |   |
|---|---|
| <input type="checkbox"/> Vision/hearing screening     | <input type="checkbox"/> Language/speech skills                         |
| <input type="checkbox"/> Classroom observations       | <input type="checkbox"/> School and/or home behavior                    |
| <input type="checkbox"/> Parental input               | <input type="checkbox"/> Curriculum-based assessment                    |
| <input type="checkbox"/> Visual/auditory skills       | <input type="checkbox"/> Performance on Statewide assessments           |
| <input type="checkbox"/> Gross/fine motor skills      | <input type="checkbox"/> Educational performance in regular classroom   |
| <input type="checkbox"/> Physical condition           | <input type="checkbox"/> Lack of success of instructional interventions |
| <input type="checkbox"/> OTHER (Please specify) _____ |   |

**NOTICE FOR INITIAL EVALUATION - Page 2**  
**(If Parent Attends Local Survey Committee Meeting)**

Student: \_\_\_\_\_

The proposed evaluation to be conducted will be based on the unique needs of your child and may include assessment in the following areas:

- ☐ Vision/hearing screening, including follow up by specialist, if necessary
- ☐ General physical condition, including follow up by specialist, if necessary
- ☐ Orofacial examination, including follow up by specialist, if necessary
- ☐ Fine and/or gross motor
- ☐ Visual/auditory skills
- ☐ Social and behavioral functioning, including adaptive behavior
- ☐ Emotional, including personality assessments
- ☐ Speech and/or language skills, including communication skills
- ☐ Academic performance
- ☐ Cognitive abilities
- ☐ Functional vision
- ☐ Preferences and interests in occupations
- ☐ OTHER (Please specify) \_\_\_\_\_

Both State and federal regulations concerning the education of children with disabilities include many parental rights and responsibilities. A copy of the procedural safeguards which includes the rights available to you and your child has been given to you and explained. You will be requested to give permission for the proposed evaluation. If additional time is needed to consider the proposed action prior to giving your permission for evaluation, this time will be provided.

In addition to the District Supervisor of Special Education, you may contact any of the following resources to help you understand the federal and State:

MS Department of Education	1-601-359-3498
Parent Partners	1-800-366-5707
MS Protection and Advocacy, Inc.	1-800-772-4057

OTHER RESOURCES:

Your input regarding your child's services is very important and you will be requested to provide information that can assist in this evaluation.

Sincerely,

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Telephone Number

## PARENT INVITATION RESPONSE FORM

Name of Child: \_\_\_\_\_

*Please check the appropriate statements to verify your response.*

☐ I have received a Notice for Initial Evaluation and a copy and explanation of procedural safeguards.

I do not wish for my child to be evaluated to determine eligibility for special education services at this time.

If I reconsider my decision, I will contact you at that time.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

☐ I have received a Notice for Initial Evaluation and a copy and explanation of procedural safeguards.

I would like additional time to consider the proposed action prior to giving permission for evaluation.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

☐ I have received a Notice for Initial Evaluation and Procedural Safeguards. My rights and those of my child regarding procedural safeguards have been fully explained to me. I hereby give consent for my child to be evaluated to determine if my child has a disability and is in need of special education and related services.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## INITIAL EVALUATION/ELIGIBILITY

GREENVILLE PUBLIC SCHOOL DISTRICT

Dr. Janice McKinnie Monroe, Director of Special Services (662) 334-2862

430 N. Martin Luther King, Jr. Boulevard; Greenville, MS 38701

### STUDENT INFORMATION

SSN: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

MSIS NO. \_\_\_\_\_

Phone: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Parental Consent: I have received Notice of Evaluation and Procedural Safeguards. The Procedural Safeguards have been fully explained to me. I understand Procedural Safeguards, and I have given consent to having my child tested in an effort to decide on appropriate educational methods and placement for him/her.

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

Signature of Parent/Guardian: \_\_\_\_\_

### 1 SUMMARY OF ELIGIBILITY REPORT

Based on the information obtained during the Comprehensive Assessment, a disability adversely affects the child's educational performance and supports the need for special education and/or related services in the area(s) indicated below:

DISABILITY CATEGORY	DISABILITY CATEGORY WITH SPECIFIC SUBCATEGORY		
<input type="checkbox"/> Autism	<input type="checkbox"/> SPECIFIC LEARNING DISABILITY	<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Math Calculation
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Listening Comprehension	<input type="checkbox"/> Reading Comprehension	<input type="checkbox"/> Math Problem Solving
<input type="checkbox"/> Developmentally Delayed	<input type="checkbox"/> Written Expression	<input type="checkbox"/> Reading Fluency	<input type="checkbox"/> Oral Expression
<input type="checkbox"/> Emotional Disability	<input type="checkbox"/> LANGUAGE/SPEECH		
<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Articulation	<input type="checkbox"/> Fluency	<input type="checkbox"/> Language
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> INTELLECTUAL DISABILITY		
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> IDe: Mild (EMR)	<input type="checkbox"/> IDt: Moderate (TMR)	<input type="checkbox"/> IDs: Severe (S/PR)
<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> OTHER HEALTH IMPAIRMENT* (Describe)		
<input type="checkbox"/> MULTIPLE DISABILITIES* (Must check 2 or more categories)			
*Must submit separate statement presenting your conclusion.			

Date of Eligibility Decision: \_\_\_\_\_

2 Student is INELIGIBLE. Assessments fail to support the definition of a disability category as indicated here:

SIGNATURES OF Multidisciplinary Evaluation/Eligibility Team (MET Members):

	Agree	Disagree
Special Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Speech Pathologist	<input type="checkbox"/>	<input type="checkbox"/>
General Education Teacher	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>	<input type="checkbox"/>
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Agency Representative	<input type="checkbox"/>	<input type="checkbox"/>
Psychometrist	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the Evaluation Report(s) and the Summary of Eligibility Reports have been given to the parent(s)/guardian(s).

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

Verified by: \_\_\_\_\_



## EVALUATION TIMELINE MONITORING DOCUMENTATION

Name: _____	SSN: _____	Sex: _____
Parent/Guardian: _____	Date of Birth: _____	Age: _____
Phone: _____	MSIS #: _____	Race: _____
Address: _____	Teacher: _____	Rm. #: _____
Greenville MS Zip: 38701	School: _____	Grade: _____

<b>Hearing Screening:</b> Date: _____ Pass/Fail: _____ <b>Hearing Re-Screening:</b> Date: _____ Pass/Fail: _____	<b>Vision Screening</b> Date: _____ Pass/Fail: _____ <b>Vision Re-Screening</b> Date: _____ Pass/Fail: _____
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**Speech Language Screening Date:** \_\_\_\_\_ (Please indicate Pass or Fail for each area)  
**Articulation:** \_\_\_\_\_ **Language:** \_\_\_\_\_ **Fluency:** \_\_\_\_\_ **Voice:** \_\_\_\_\_

### Special Services Forms Checklist:

- ☐ WPN (All Notices)
- ☐ MET Minutes / IEP Minutes
- ☐ Consent for Testing (Initial Evaluation/Eligibility or Additional Testing for RE-EVAL)
- ☐ Elementary/Secondary Teacher Narrative (including Benchmarks)
- ☐ Teacher Summary Report
- ☐ Social/Emotional Behavioral Issues Checklist
- ☐ Vineland II Summary Interview (if needed)
- ☐ Summary of Parent Interview or Developmental History\*
- ☐ Re-Evaluation Summary Report / Eligibility Determination
- ☐ Health/Medical Update Form
- ☐ Report of Physical Observations (only for extensive medical concerns)
- ☐ Request to Disclose Information (if necessary)
- ☐ Re-Evaluation Report (2 pages)
- ☐ Speech Assessment Team Report (include Orofacial checklist)

Case Manager Notes

\* Initials

	Date:	Please Initial:	
Date of Consent for Evaluation:	_____	_____	
Date folder is received in SPED Office:	_____	_____	
Date folder is submitted for testing:	_____	_____	
Date of Formal Evaluation:	_____	_____	
Date of Eligibility Meeting:	_____	_____	

Evaluator's Notes:

## USE DISTRICT PROCEDURE FORM FOR ELIGIBILITY

# A LEARNING STYLE INVENTORY FOR ELEMENTARY STUDENTS

(Classroom teachers should complete this inventory after observing the students.

This instrument will assist in determining the learning style of a specific student.

Information gathered will enable the teacher to better plan instructional delivery.)

SECTION "A"	
1. <input type="checkbox"/> The student ignores verbal directions.	14. <input type="checkbox"/> Verbal (individual) I.Q. test scores for the student are lower than expected.
2. <input type="checkbox"/> The student has poor articulation.	15. <input type="checkbox"/> The student often answers with one word or incomplete sentences.
3. <input type="checkbox"/> The student frequently appears to daydream during lectures or class.	16. <input type="checkbox"/> The student dislikes speaking before groups.
4. <input type="checkbox"/> The student has low vocabulary.	17. <input type="checkbox"/> The student does not like to listen to others.
5. <input type="checkbox"/> Questions, or instructions, must be repeated often for student.	18. <input type="checkbox"/> The student has trouble discriminating between similar words which are spoken.
6. <input type="checkbox"/> The student watches teacher's lips closely.	19. <input type="checkbox"/> The student frequently substitutes words which sound alike when speaking (e.g., "Acapulco" for "a cappella")
7. <input type="checkbox"/> The student causes trouble when teacher is explaining things at the blackboard (especially if teacher turns back to class or if student's view of teacher's face is obscured.)	20. <input type="checkbox"/> The student frequently cannot remember information given verbally.
8. <input type="checkbox"/> When directions are given, the student watches everyone else and then begins.	21. <input type="checkbox"/> The student can look up a word in the dictionary quickly if s/he has the spelling, but is completely lost if s/he must determine the spelling.
9. <input type="checkbox"/> The student plays tapes too loudly.	22. <input type="checkbox"/> The student often misunderstands instructions or verbally presented material.
10. <input type="checkbox"/> The student says "Huh?" often.	23. <input type="checkbox"/> The student responds less rapidly than peers to sounds such as sirens or bells.
11. <input type="checkbox"/> The student prefers to demonstrate or show how something works rather than trying to explain it.	24. <input type="checkbox"/> The student often speaks too loudly.
12. <input type="checkbox"/> The student dislikes music class.	25. <input type="checkbox"/> The student does unexpectedly better on written tests covering material that s/he has read.
13. <input type="checkbox"/> The student prefers art class to other classes.	26. <input type="checkbox"/> The student does poorly with phonics.
	27. <input type="checkbox"/> The student gets lost in rote memorization.

Based on the items checked in this inventory, this student is ...

☐ A. a visual learner

☐ C. a kinesthetic learner

☐ B. an auditory learner

☐ D. a tactile learner

Student Name:	Date:
---------------	-------

<b>SECTION "B"</b>		44. <input type="checkbox"/> The student lays his/her head on desk or holds face close to work when doing written work (worksheets, maps, etc.)
28. <input type="checkbox"/> The student does not like coloring, as an maps, charts, and posters.		45. <input type="checkbox"/> The student has poor handwriting.
29. <input type="checkbox"/> The student does not like art or drawing (maps, diagrams, etc.)		46. <input type="checkbox"/> The student is an extremely poor speller on written work.
30. <input type="checkbox"/> The student does poorly on map activities.		47. <input type="checkbox"/> The student is a good speller on written work.
31. <input type="checkbox"/> The student cannot copy work from the board.		48. <input type="checkbox"/> The student does not notice new things in the classroom as soon as peers do.
32. <input type="checkbox"/> The student's math errors show consistent patterns (inattention to signs, confusion of numerals, reversal of numbers).		49. <input type="checkbox"/> The student's individual I.Q. test reveals that student is brighter than is indicated by his/her performance in class.
33. <input type="checkbox"/> The student is bored or restless during silent filmstrips.		50. <input type="checkbox"/> The student frequently rubs his/her eyes or complains that his/her eyes bother him/her.
34. <input type="checkbox"/> During movies, the student attends more to the sound source than the screen.		51. <input type="checkbox"/> The student holds material too close to his/her face when reading.
35. <input type="checkbox"/> The student has trouble numbering items in sequence.		52. <input type="checkbox"/> The student has a good phonetically based approach to reading.
36. <input type="checkbox"/> The student cannot remember what s/he has read silently.		53. <input type="checkbox"/> The student confuses similar words when reading.
37. <input type="checkbox"/> The student's comprehension on oral reading is better than with silent reading.		54. <input type="checkbox"/> The student points to the words when reading.
38. <input type="checkbox"/> The student is not attentive to visual tasks.		55. <input type="checkbox"/> The student does poorly on matching activities when lines must be drawn.
39. <input type="checkbox"/> The student often forms inversions or reversal when writing.		56. <input type="checkbox"/> The student's papers are poorly organized and are very messy.
40. <input type="checkbox"/> The student has trouble telling time using conventional clocks.		57. <input type="checkbox"/> The student mumbles when reading or doing seatwork.
41. <input type="checkbox"/> The student talks a lot (an excessive amount).		58. <input type="checkbox"/> The student remembers material discussed in class or in small groups.
42. <input type="checkbox"/> The student knows hundreds of jingles from television - might even be able to repeat entire commercials.		59. <input type="checkbox"/> The student dislikes purple dittos.
43. <input type="checkbox"/> The student often omits words or parts of words when copying from the board or a book.		

<b>SECTION "C"</b>		71. <input type="checkbox"/> The student touches desks as s/he goes down the aisle.
60. <input type="checkbox"/> The student frequently gets up and walks around the room.		72. <input type="checkbox"/> The student rubs hand along wall while in line or walking down the hall.
61. <input type="checkbox"/> The student moves a great deal while reading.		73. <input type="checkbox"/> The student puts hands on doorframe when going through a doorway.
62. <input type="checkbox"/> The student wants to feel and touch everything.	<b>SECTION "D"</b>	
63. <input type="checkbox"/> The student often writes everything over and over.	74. <input type="checkbox"/> The student wants to use concrete objects as learning aids.	
64. <input type="checkbox"/> The student can take gadgets apart and <u>put them back together again.</u>	75. <input type="checkbox"/> The student cannot count by rote or sequence materials without aids.	
65. <input type="checkbox"/> The student has many things to play with at school.	76. <input type="checkbox"/> The student has difficulty learning abstract symbols (e.g., letters, numerals, map symbols, math operation symbols, etc.)	
66. <input type="checkbox"/> The student enjoys doing things with his/her hands.	77. <input type="checkbox"/> The student seems to be an "underachiever."	
67. <input type="checkbox"/> The student frequently makes planes, fans, etc., from paper... or shreds paper.	78. <input type="checkbox"/> The student demonstrates a need to explore his/her environment more than his/her peers.	
68. <input type="checkbox"/> The student frequently uses his/her fists.	79. <input type="checkbox"/> The student cannot keep his/her hands to himself/herself.	
69. <input type="checkbox"/> The student is good at sports and seems quite coordinated.		
70. <input type="checkbox"/> The student frequently thumps friends.		

### DIRECTIONS FOR SCORING

Tabulate the number of items checked in the following sections:	If the score for one of the sections is <u>3 points or higher</u> than any other section, the student can be considered to have one of the following dominant learning styles:
Section A: Items 1-27 _____	A Visual learner
Section B: Items 28-59 _____	B Auditory learner
Section C: Items 60-73 _____	C Kinesthetic learner
Section D: Items 74-80 _____	D Tactile learner

Make notation of learning style on page 1 of this Inventory. Please note that many students have a combination of learning styles.

## ELEMENTARY / SECONDARY TEACHER NARRATIVE

**GENERAL DIRECTIONS:** The referring teacher will complete the following sections: Identifying and General Information, Educational (including applicable grade level Minimum Instruction Benchmark Summary Sheet, if appropriate) and Characteristics

IDENTIFYING INFORMATION				GENERAL INFORMATION ON THIS REQUEST:																							
NAME OF STUDENT			GENDER	RACE	REFERRING TEACHER'S SIGNATURE:																						
DATE OF BIRTH: (from cumulative record)		Age entered school	Current age		DATE COMPLETED:																						
CURRENT EDUCATIONAL HISTORY	Grade Placement:			<b>DOCUMENTATION OF INSTRUCTIONAL INTERVENTION</b> Please check below, as appropriate: <input type="checkbox"/> Attached documentation to support instructional interventions that have been attempted to remediate the identified problem area(s). <input type="checkbox"/> An instructional intervention would not be appropriate (please explain):																							
	Building of Attendance:																										
	Years at Building:																										
ATTENDANCE - Please check appropriate box: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular (explain below)				For what specific reason(s) is Child Study being requested?																							
Is student in expected grade for his/her age? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, please check the appropriate box(es) below to explain. <input type="checkbox"/> Started school late <input type="checkbox"/> Held out of school by parent <input type="checkbox"/> Unknown <input type="checkbox"/> Retained - specify grade(s)																											
How does this student learn best? (Check all that apply.) <input type="checkbox"/> With an adult <input type="checkbox"/> Large group activities <input type="checkbox"/> Morning <input type="checkbox"/> With peers <input type="checkbox"/> Small group activities <input type="checkbox"/> Afternoon <input type="checkbox"/> One-on-one <input type="checkbox"/> Individual activities <input type="checkbox"/> No identified time																											
Number of schools attended:				Estimated longest time span: Describe activity which best holds attention:																							
Indicate any current or past supplemental programs/services: <input type="checkbox"/> Title I <input type="checkbox"/> Other (specify): <input type="checkbox"/> Preschool <input type="checkbox"/> Head Start																											
Have parents been contacted? <input type="checkbox"/> YES <input type="checkbox"/> NO Are parents aware of child's problem <input type="checkbox"/> YES <input type="checkbox"/> NO Parent's reaction:				<b>RESULTS OF PREVIOUS TESTS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>TEST NAME</th> <th>RESULTS</th> <th>AGE</th> <th>DATE GIVEN</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				TEST NAME	RESULTS	AGE	DATE GIVEN																
TEST NAME	RESULTS	AGE	DATE GIVEN																								
Has a previous request for Child Study been made? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach ALL RELEVANT information from previous requests for Child Study, such as LSC minutes or any report, etc.				AVAILABLE MEDICAL HISTORY - Attach any reports or information provided by the parent(s) that is not maintained in the cumulative record.																							
NATIVE LANGUAGE (if not English):      Student:      Parent(s):																											

**EDUCATIONAL: Ages 6 to 20 years old - Complete this section to describe the student's abilities in academic curriculum areas/subjects.**

CURRENT INSTRUCTIONAL METHOD UTILIZED BY TEACHER		STUDENT'S PREFERRED LEARNING STYLE	STUDENT'S PREFERRED ASSESSMENT STYLE	TYPE OF ACADEMIC DIFFICULTY OBSERVED BY TEACHER
1 - One-to-one	5 - Independent studies	A - Auditory V - Visual K - Kinesthetic DK - Don't know (child too young)	O - Oral answers T - True/False MC - Multiple Choice M - Matching F - Fill in the blank S - Short answer E - Essay D - Demonstrated application	RD - Reading Decoding RC - Reading Comprehension L - Listening Comprehension W - Writing mechanics MC - Math Calculation MR - Math Reasoning/application OE - Oral Expression WE - Written Expression
2 - Small group	6 - Discussion			
3 - Lecture	7 - OTHER (Specify)			
4 - Large group				

For CURRICULUM AREA(S)/SUBJECT(S), list each of the current curriculum area(s)/subject(s) in which the student is having academic difficulty. For each curriculum area(s)/subject(s) listed, please supply the following:

1. For GRADES column, provide the most current grade(s).
2. For CURRENT INSTRUCTIONAL METHOD(S), STUDENT LEARNING STYLE(S) and STUDENT ASSESSMENT STYLE(S), please use the code charts at the top of the page. Place the appropriate number/letter code in each column.
3. For TYPE OF ACADEMIC DIFFICULTY, indicate the type of difficulty the student is having by placing a check (✓) in the applicable column(s).  
(For example: Reading - (✓) in RC to indicate observed difficulties in Reading Comprehension while decoding skills are adequate;  
History - (✓) in RC and LC to indicate observed subject difficulties in Reading Comprehension and Listening Comprehension.)

*CURRICULUM AREA/SUBJECT	GRADE(S) (use most current grading period)	CURRENT INSTRUCTIONAL METHOD(S)	STUDENT LEARNING STYLE(S)	STUDENT ASSESSMENT STYLE(S)	TYPE OF ACADEMIC DIFFICULTY							
					RD	RC	L	W	MC	MR	OE	WE

\* Please complete the Minimum Instructional Benchmark Summary Sheet(s) using the following sequence.

Refer to the Reading, Writing and Math Instructional Intervention Supplements - Informal Assessment section. Select the appropriate grade level by using the following guidelines:

1. Student is currently enrolled in reading, language arts and/or math classes, begin at the current grade level in the problem area(s).
2. Student is having academic difficulty but is NOT currently enrolled in reading, language arts and/or math classes,
  - a. If reading decoding and comprehension, listening, writing mechanics and oral or written expression difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with eighth grade reading and writing sheets.
  - b. If math calculation and reasoning difficulties are noted in the TYPE OF ACADEMIC DIFFICULTY column, begin with eighth grade math.

**EDUCATIONAL: Ages 3 to 5 years old - Complete this section to describe the student's abilities in academic curriculum area(s)/subject(s).**

CURRENT INSTRUCTIONAL METHOD UTILIZED BY TEACHER	
1 - One-to-one	5 - Independent studies
2 - Small group	6 - Discussion
3 - Lecture	7 - OTHER (specify)
4 - Large group	

STUDENT'S PREFERRED LEARNING STYLE
A - Auditory
V - Visual
K - Kinesthetic
DK - Don't Know (Child is too young)

For CURRICULUM AREA(S)/SUBJECT(S), list each of the current curriculum area(s)/subject(s) in which the student is having academic difficulty.  
For curriculum area(s)/subject(s) listed, please supply the following:

1. For CURRENT GRADES or LEVEL OF MASTERY, indicate current grades or level of mastery.
2. For FUNCTIONING LEVEL, indicate the approximate level of functioning for each area listed.
3. For CURRENT INSTRUCTIONAL METHOD(S) and STUDENT LEARNING STYLE(S), please use the code charts at the top of the page.  
Place the appropriate number/letter code in each column.

*CURRICULUM AREA/ SUBJECT	GRADES or LEVEL OF MASTERY	FUNCTIONING LEVEL	CURRENT INSTRUCTIONAL METHOD(S)	STUDENT LEARNING STYLE(S)

\*Please complete the Minimum Instructional Benchmark Summary Sheet(s) by referring to the MDE Pre-Kindergarten Curriculum or the K-3 Reading, Writing and Math Instructional Intervention Supplements - Informal Assessment section. Select the appropriate pre-kindergarten or kindergarten level Minimum Instructional Benchmark Summary sheet.



STUDENT: \_\_\_\_\_

CHARACTERISTICS: Please check ( ✓ ) those characteristics that the student exhibits (CONSISTENTLY AND OVER AN EXTENDED PERIOD OF TIME). If the child exhibits none of the characteristics, check "NO PROBLEMS OBSERVED." Please check appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the Local Survey Committee Meeting.

<b>GENERAL PHYSICAL</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Always complains of feeling sick <input type="checkbox"/> Is continually thirsty <input type="checkbox"/> Eating problems <input type="checkbox"/> Wears hearing aids <input type="checkbox"/> Has frequent earaches <input type="checkbox"/> Has fluid draining from ears <input type="checkbox"/> Takes prescription medicine(s)	<input type="checkbox"/> Wears glasses <input type="checkbox"/> Complains of blurred/double vision <input type="checkbox"/> Frequently squints/rubs eyes <input type="checkbox"/> Complains of not being able to see the board <input type="checkbox"/> Holds printed material too close/too far away <input type="checkbox"/> Has improper eye movements <input type="checkbox"/> Seizures observed in the classroom	<input type="checkbox"/> Often has bruises on body <input type="checkbox"/> Tics - involuntary movements/noises <input type="checkbox"/> Has a serious illness <input type="checkbox"/> Health problems which require special care <input type="checkbox"/> OTHER (Please specify):			
<b>GROSS MOTOR</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Difficulty in hopping, skipping, jumping <input type="checkbox"/> Difficulty going up/down stairs alternating feet <input type="checkbox"/> Problems with balancing	<input type="checkbox"/> Difficulty throwing/catching a ball <input type="checkbox"/> Problems with upper body motor movement <input type="checkbox"/> Problems with lower body motor movement	<input type="checkbox"/> Has unusual gait <input type="checkbox"/> Uses walker/prosthesis/wheelchair for mobility <input type="checkbox"/> OTHER (Please specify):			
<b>FINE MOTOR</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Problems with grasping reflex <input type="checkbox"/> Problems with reaching/retaining motions <input type="checkbox"/> Cannot transfer objects from hand to hand <input type="checkbox"/> Difficulty building a tower of blocks	<input type="checkbox"/> Difficulty cutting paper with scissors <input type="checkbox"/> Difficulty in tying/buttoning/zippping <input type="checkbox"/> Difficulty in holding crayon/pencil <input type="checkbox"/> Difficulty staying within lines when writing	<input type="checkbox"/> Difficulty copying letters/words/numbers <input type="checkbox"/> Difficulty spacing <input type="checkbox"/> OTHER (Please specify):			
<b>SOCIAL SKILLS</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Rarely interacts with classmates <input type="checkbox"/> Is frequently alone during lunch/recess <input type="checkbox"/> Is frequently teased by other children <input type="checkbox"/> Usually withdraws from touch <input type="checkbox"/> Often engages in rocking/repetitive movement <input type="checkbox"/> Unaware/takes no interest in other people	<input type="checkbox"/> Does not ask for help <input type="checkbox"/> Does not look at the person talking <input type="checkbox"/> Does not join in with group <input type="checkbox"/> Does not share with others <input type="checkbox"/> Does not apologize <input type="checkbox"/> Does not express his/her feelings	<input type="checkbox"/> Does not recognize another's feelings <input type="checkbox"/> Cannot deal with being left out <input type="checkbox"/> Does not accept "NO" as answer <input type="checkbox"/> Does not accept consequences of own action(s) <input type="checkbox"/> OTHER (Please specify):			
<b>ADAPTIVE BEHAVIOR</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Need for high degree of supervision <input type="checkbox"/> Immature/has only younger playmates <input type="checkbox"/> Constant thumb or finger sucking/hair chewing <input type="checkbox"/> Difficulty feeding self; not toilet trained	<input type="checkbox"/> Inadequate skills: exchange of money <input type="checkbox"/> Inadequate skills: use of telephone, telling time <input type="checkbox"/> Inadequate skills: appropriate personal hygiene skills <input type="checkbox"/> Unable to wash/dry hands independently	<input type="checkbox"/> Does not engage in independent community skills <input type="checkbox"/> Lacks daily living skills: sweeping, mopping, using washer and dryer, etc. <input type="checkbox"/> OTHER (Please specify):			
<b>BEHAVIOR</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>		
<input type="checkbox"/> Unable to interact with minimal friction <input type="checkbox"/> Difficulty staying on task <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Frequently quarrels, pouts or sulks <input type="checkbox"/> Denies mistakes/blames others <input type="checkbox"/> Prefers to be alone/withdrawn/isolated <input type="checkbox"/> Insults other students/adults <input type="checkbox"/> Easily loses temper <input type="checkbox"/> Acts before thinking - impulsive	<input type="checkbox"/> Frequently found to be untruthful <input type="checkbox"/> Mute/refuses to speak <input type="checkbox"/> Oppositional/resistant/noncompliant/negative <input type="checkbox"/> Threatens other students <input type="checkbox"/> Interrupts others <input type="checkbox"/> Puts down peers <input type="checkbox"/> Difficulty paying attention to task/play/academics <input type="checkbox"/> Disciplinary actions have been initiated by principal or other school authorities	<input type="checkbox"/> Teases others <input type="checkbox"/> Yells at other students/adults <input type="checkbox"/> Bullies others <input type="checkbox"/> Fails to turn in homework <input type="checkbox"/> Fails to complete assignments <input type="checkbox"/> Refuses to complete work <input type="checkbox"/> Fails to bring materials to class <input type="checkbox"/> OTHER (Please specify):			

STUDENT: \_\_\_\_\_

CHARACTERISTICS: Please check (✓) those characteristics that the student exhibits (CONSISTENTLY AND OVER AN EXTENDED PERIOD OF TIME). If the child exhibits none of the characteristics, check "NO PROBLEMS OBSERVED." Please check appropriate characteristic(s) if there are multiple options per item. Written explanation and/or additional explanation may be requested at the Local Survey Committee Meeting.

<b>EMOTIONAL</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<input type="checkbox"/> Upset by ANY change in routine	<input type="checkbox"/> Exhibits unwarranted self-blame/self-criticism	<input type="checkbox"/> Unresponsiveness	
<input type="checkbox"/> Pronounced fear of failure	<input type="checkbox"/> Has attempted suicide	<input type="checkbox"/> Tells of extremely strange/illogical thoughts or fears	
<input type="checkbox"/> Irritable for greater part of school day	<input type="checkbox"/> Performs obsessive/compulsive behaviors	<input type="checkbox"/> Creates imaginary/fantasy situations in an attempt to escape reality	
<input type="checkbox"/> Appears withdrawn from peers	<input type="checkbox"/> Changes mood for no apparent reason	<input type="checkbox"/> Experienced significant changes in activity levels/concentration/school grades	
<input type="checkbox"/> Depressed for most of the day	<input type="checkbox"/> Rarely laughs or smiles	<input type="checkbox"/> OTHER (Please specify):	
<input type="checkbox"/> Little interest in pleasurable activities	<input type="checkbox"/> Engages in self-destructive behavior		
<input type="checkbox"/> Talks about suicide or death wishes	<input type="checkbox"/> Shows excessive fears of specific objects		

<b>RECEPTIVE LANGUAGE</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<input type="checkbox"/> Difficulty comprehending new ideas	<input type="checkbox"/> Does not follow multi-step verbal directions	<input type="checkbox"/> Does not comprehend questions	
<input type="checkbox"/> Does not understand/follow spoken directions	<input type="checkbox"/> Does not understand vocabulary words related to curriculum	<input type="checkbox"/> Does not understand information in class that is presented orally	
<input type="checkbox"/> Cannot identify simple objects	<input type="checkbox"/> Does not understand age appropriate vocabulary words	<input type="checkbox"/> OTHER (Please specify):	
<input type="checkbox"/> Does not demonstrate use of position words: on, under, front, behind, beside, over, etc.			

<b>EXPRESSIVE LANGUAGE</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<input type="checkbox"/> Difficulty organizing thoughts	<input type="checkbox"/> Hesitant to engage in verbal interaction	<input type="checkbox"/> Does not use spoken compound sentences	
<input type="checkbox"/> Nonverbal	<input type="checkbox"/> Silent much of the time	<input type="checkbox"/> Does not utilize age-appropriate grammar	
<input type="checkbox"/> Uses immature words/sentence pattern	<input type="checkbox"/> Difficulty finding the right words	<input type="checkbox"/> Cannot retell a story	
<input type="checkbox"/> Uses oral grammar incorrectly	<input type="checkbox"/> Difficulty giving directions	<input type="checkbox"/> Difficulty telling a story	
<input type="checkbox"/> Difficulty asking questions	<input type="checkbox"/> Does not tell definitions of words	<input type="checkbox"/> Does not name objects/actions in pictures	
<input type="checkbox"/> Verbal responses do not relate to questions asked/subject under discussion	<input type="checkbox"/> Difficulty putting thoughts down on paper	<input type="checkbox"/> OTHER (Please specify):	

<b>SPEECH</b>				<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<b>ARTICULATION</b>		<b>VOICE</b>	<b>FLUENCY</b>	<b>OTHER</b>
<input type="checkbox"/> Substitutes one sound for another	<input type="checkbox"/> Too loud or too soft	<input type="checkbox"/> Rate of delivery too fast or too slow	<input type="checkbox"/> If additional characteristics are noted in any area of speech, please specify:	
<input type="checkbox"/> Omits sounds	<input type="checkbox"/> Consistently hoarse/harsh/breathy	<input type="checkbox"/> Disruption in normal flow of speech		
<input type="checkbox"/> Distorts sounds	<input type="checkbox"/> Nasal sounding - like a constant cold	<input type="checkbox"/> Words prolonged		
<input type="checkbox"/> Difficulty sequencing sounds	<input type="checkbox"/> Pitch too high or too low	<input type="checkbox"/> Excessive repetition of syllable/sound/word		
<input type="checkbox"/> Difficult to understand	<input type="checkbox"/> Voice "lost" by end of, or during day	<input type="checkbox"/> Interferes with daily communication		
<input type="checkbox"/> Able to self-correct errors	<input type="checkbox"/> Quality makes difficult to understand	<input type="checkbox"/> Inserts unnecessary words into speech		
<input type="checkbox"/> Uses dialect	<input type="checkbox"/> Quality resulting from culture			

<b>VISUAL PERCEPTION</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<input type="checkbox"/> Visual tracking difficulties	<input type="checkbox"/> Transposes letters	<input type="checkbox"/> Prefers auditory activities	
<input type="checkbox"/> Visually confuses objects/letters/numbers	<input type="checkbox"/> Confuses left/right on pencil/paper activities	<input type="checkbox"/> Difficulty identifying shapes in various sizes and positions	
<input type="checkbox"/> Difficulty discriminating between words with similar appearance	<input type="checkbox"/> Difficulty completing missing details in objects or pictures	<input type="checkbox"/> OTHER (Please specify):	
<input type="checkbox"/> Continues to demonstrate difficulty in reversing or inverting letters of alphabet after age 6	<input type="checkbox"/> Difficulty in copying assignments from board to desk/book to paper		

<b>AUDITORY PERCEPTION</b>			<input type="checkbox"/> <b>NO PROBLEMS OBSERVED</b>
<input type="checkbox"/> Difficulty understanding spoken direction	<input type="checkbox"/> Does not retain auditory stimuli	<input type="checkbox"/> Difficulty identifying rhyming words	
<input type="checkbox"/> Does not orally form phrases/sentences correctly	<input type="checkbox"/> Difficulty sequencing syllables/letters in speaking and/or reading and/or oral spelling	<input type="checkbox"/> OTHER (Please specify):	
<input type="checkbox"/> Difficulty sounding out word, sound-by-sound			

**PRE-KINDERGARTEN - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

STUDENT:		CURRENT SCHOOL YEAR:
DIRECTIONS: For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
LANGUAGE	PHYSICAL	MATHEMATICS
<input type="checkbox"/> Recognizes local environmental print [4] <input type="checkbox"/> Recognizes his/her own name in print [6] <input type="checkbox"/> Names 8 to 10 upper/lower case letters [7] <input type="checkbox"/> Matches some letters [8] <input type="checkbox"/> Matches rhyming words and pictures [32] <input type="checkbox"/> Recognizes two pictures or objects that begin with the same sound [33] <input type="checkbox"/> Listens to a story and demonstrates understanding [35] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Demonstrates the use of positional words: (e.g., on, under, front, behind, beside, over) [91] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Identifies the color, size and/or shape of objects [38] <input type="checkbox"/> Recognizes color, size and/or shape in environment [39] <input type="checkbox"/> Tells how things are alike [41] <input type="checkbox"/> Tells how two objects are related [44] <input type="checkbox"/> Counts objects [48] <input type="checkbox"/> Selects the set that has more, less, or same [49] <input type="checkbox"/> Describes a given pattern [51] <input type="checkbox"/> <b>NO PROBLEMS</b>

NOTE: Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.



**KINDERGARTEN - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Retells a story [2] <input type="checkbox"/> Has book and print awareness [5] <input type="checkbox"/> Points to and says the letters in his/her name [24] <input type="checkbox"/> Names most upper case letters (18 to 24) of the alphabet [25] <input type="checkbox"/> Names most lower case letters (18 to 24) of the alphabet [25] <input type="checkbox"/> Matches upper case and lower case letters [26] <input type="checkbox"/> Responds to a cue word with a word that begins with the same sound [27] <input type="checkbox"/> Identifies letter-sound correspondents (consonants only) in the initial position [27] <input type="checkbox"/> Identifies letter-sound correspondents (consonants only) in the final position [28] <input type="checkbox"/> Responds to a cue word with a word that rhymes [29] <input type="checkbox"/> Makes up pairs of rhyming words [32] <input type="checkbox"/> Recognizes two words that begin with the same sound [33] <input type="checkbox"/> Isolates and pronounces the beginning sound in a word [34] <input type="checkbox"/> Listens to a story and demonstrates understanding [50] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Retells a story [1] <input type="checkbox"/> Responds to questions in conversations using words and phrases [2] <input type="checkbox"/> Describes a sequence of events [5] <input type="checkbox"/> Responds in writing with simple sentences [14] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Recognizes and identifies patterns [2] <input type="checkbox"/> Models, extends and describes patterns using a variety of materials and activities [3] <input type="checkbox"/> Collects data, models and constructs graphs using real objects [4] <input type="checkbox"/> Measures the weight of objects using nonstandard units [8a] <input type="checkbox"/> Measures the capacity of objects using nonstandard units, and investigates volumes using different shaped containers and materials [8, 9] <input type="checkbox"/> Measures the length of objects using nonstandard units [8b] <input type="checkbox"/> Compares weights of objects [10] <input type="checkbox"/> Classifies, compares and contrasts various shapes by name and characteristics [13] <input type="checkbox"/> Demonstrates the understanding of position words (in, above, below, over, under, beside, etc.) [14] <input type="checkbox"/> Explores addition and subtraction of numbers 1 to 10 [17] <input type="checkbox"/> Recognizes and identifies two-dimensional figures including triangle, square, rectangle and circle [18] <input type="checkbox"/> Applies mathematical language by telling when a certain number is "too much," "not enough," "just right," "more than," or "equal to" for a given situation [22] <input type="checkbox"/> Describes objects using the terms: fractions, whole, all, part, some, none [23] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**FIRST GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Has book and print awareness [1] <input type="checkbox"/> Retells a story [3] <input type="checkbox"/> Understands that reading is a process for obtaining meaning [7] <input type="checkbox"/> Recognizes many sight words [8] <input type="checkbox"/> Recognizes letter-sound associations [12] <input type="checkbox"/> Recognizes word families and rhyming [13] <input type="checkbox"/> Knows how to make new words [16] <input type="checkbox"/> Decodes words using phonemes [17] <input type="checkbox"/> Recognizes fact and fantasy [20] <input type="checkbox"/> Makes predictions [21] <input type="checkbox"/> Listens to, and understands, a story [24] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Retells a story [1] <input type="checkbox"/> Uses appropriate language structure writing a sentence [10] <input type="checkbox"/> Writes a statement sentence [11] <input type="checkbox"/> Uses personal experiences to retell a story in writing [13] <input type="checkbox"/> Retells a story in writing [15] <input type="checkbox"/> Uses letter/sound relationships [16] <input type="checkbox"/> Spells frequently used sight words correctly [17] <input type="checkbox"/> Expresses self through drawing/writing [23] <input type="checkbox"/> Writes for a specific audience [24] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Identifies, represents, extends, explains and describes patterns [1] <input type="checkbox"/> Creates, extends and records patterns, including number patterns (every other, every fifth, every tenth) [2] <input type="checkbox"/> Explores and explains patterns of addition and and subtraction [3] <input type="checkbox"/> Explores patterns using a 100's chart [4] <input type="checkbox"/> Collects data, models and constructs graphs by one attribute using real objects [5] <input type="checkbox"/> Gathers data, constructs and interprets bar and pictorial graphs [6] <input type="checkbox"/> Makes a prediction, collects data and compares results [7] <input type="checkbox"/> Uses nonstandard and standard units to explore length [9] <input type="checkbox"/> Compares weights such as heavier/lighter [10] <input type="checkbox"/> Explores and estimates capacity of various containers in nonstandard units [11] <input type="checkbox"/> Recognizes open and closed figures [17] <input type="checkbox"/> Recognizes and identifies two-dimensional figures, including triangle, square, rectangle and circle within the environment [18] <input type="checkbox"/> Classifies two- and three-dimensional figures according to characteristics [19] <input type="checkbox"/> Identifies congruent shapes and similarity (size/type) of two geometric figures [20] <input type="checkbox"/> Identifies symmetrical objects and their lines of symmetry [21]
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**FIRST GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
		<input type="checkbox"/> Explores different concepts of addition and subtraction and writes equations that accompany them [26] <input type="checkbox"/> Computes basic facts 0 to 10 for addition and subtraction with and without the use of manipulatives [28] <input type="checkbox"/> Explores situations that involve a missing addend, subtrahend, and minuend [29] <input type="checkbox"/> Models, draws and discusses representations of story problems and writes number sentences to accompany them involving addition and subtraction [31] <input type="checkbox"/> Determines the value of mixed coins up to \$1.00 [36] <input type="checkbox"/> Creates equal money amounts using different coin combinations up to 25-cents [37] <input type="checkbox"/> Identifies numbers, models numbers using manipulatives and writes numbers 0 to 100 [39] <input type="checkbox"/> Compares two-digit numbers using the terms: "more," "less," "greater than," "less than", "equal to," and "almost." [41] <input type="checkbox"/> Identifies place value of a given digit in a three-digit number [43] <input type="checkbox"/> Compares a whole to fractional parts (e.g., 1/2, 1/4) [45] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		



**SECOND GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<p><b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.</p>		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Recognizes the parts of a story [1] <input type="checkbox"/> Uses a table of contents and glossary [2] <input type="checkbox"/> Recognizes word patterns (suffixes and prefixes) [10] <input type="checkbox"/> Recognizes vowel sounds [11] <input type="checkbox"/> Blends sounds in words with initial blends [12a] <input type="checkbox"/> Blends sounds in words with final blends [12b] <input type="checkbox"/> Identifies cause and effect [14] <input type="checkbox"/> Understands the purposes of reading [15] <input type="checkbox"/> Demonstrates understanding of a story [16] <input type="checkbox"/> Recognizes synonyms, antonyms, contractions, and compound words [18] <input type="checkbox"/> Draws conclusions [19] <input type="checkbox"/> Recalls details [20] <input type="checkbox"/> Makes and revises predictions [21] <input type="checkbox"/> Compares and contrasts information [22] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Uses sentence patterns [4] <input type="checkbox"/> Writes a statement and a question [5] <input type="checkbox"/> Writes a descriptive sentence [7] <input type="checkbox"/> Writes a simple paragraph [8] <input type="checkbox"/> Communicates in written form [9] <input type="checkbox"/> Writes to retell a story [10] <input type="checkbox"/> Spells and writes frequently used words correctly [11] <input type="checkbox"/> Recognizes and writes word patterns (suffixes, prefixes, rhyming words, etc.) [13] <input type="checkbox"/> Writes to communicate [19] <input type="checkbox"/> Writes to tell a personal story [20] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Identifies, models and extends figure patterns such as: 1's, 5's, 10's, and 25's [1] <input type="checkbox"/> Uses patterns to sort and count pennies, nickels, dimes and quarters [2] <input type="checkbox"/> Counts by 2's, 3's, 5's and 10's [3] <input type="checkbox"/> Tallies, predicts, interprets and records outcomes based on given information [4] <input type="checkbox"/> Creates bar and pictorial graphs using collected data and other resources [5] <input type="checkbox"/> Uses appropriate tools such as: inch ruler, yardstick, cup, balance scale, quart, teaspoon, clock, and calendar [8] <input type="checkbox"/> Terms to explore measurement [9] <input type="checkbox"/> Estimates and measures length, weight and capacity using standard units of measurement [14] <input type="checkbox"/> Reads and writes to hour, half-hour, quarter-hour and five-minute intervals [15] <input type="checkbox"/> Uses time to sequence events of the day [18] <input type="checkbox"/> Recognizes, identifies and creates a circle, quadrilateral, rhombus, square, triangle, trapezoid, hexagon and parallelogram [19] <input type="checkbox"/> Compares and contrasts the characteristics of shapes [20] <input type="checkbox"/> Models and finds the perimeter of simple shapes using a precut square and one-inch tiles [21] <input type="checkbox"/> Recognizes, describes and presents models of three-dimensional figures such as cone, cylinder, cube, sphere and pyramid [22] <input type="checkbox"/> Computes the basic facts 0 to 18 for addition and subtraction without manipulatives [23]
<p><b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.</p>		



**SECOND GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
		<input type="checkbox"/> Adds and subtracts to find missing addends and subtrahends [24] <input type="checkbox"/> Uses the inverse relationship of addition and subtraction [25] <input type="checkbox"/> Adds and subtracts numbers presented in vertical and horizontal form [26] <input type="checkbox"/> Adds two- and three-digit whole numbers with and without regrouping [27] <input type="checkbox"/> Subtracts three-digit whole numbers without regrouping [28] <input type="checkbox"/> Models and multiplies numbers 0 to 5 using repeated addition [29] <input type="checkbox"/> Uses addition and/or subtraction to solve one- and two-step problems by drawing, discussing, modeling and writing explanations [30] <input type="checkbox"/> Identifies, models and writes numbers 0 to 1,000 in order [39] <input type="checkbox"/> Identifies, discusses and draws representations of fractions including one-half, one-third and one-fourth [43] <input type="checkbox"/> Estimates quantities to the nearest multiples of ten [44] <input type="checkbox"/> Rounds two-digit whole numbers to the nearest multiple of ten [46] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**THIRD GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Reads fluently with speed, pacing, inflection and accuracy [1] <input type="checkbox"/> Reads fluently with understanding [2] <input type="checkbox"/> Demonstrates ability to use background experiences [2] <input type="checkbox"/> Able to draw logical conclusions, predict outcomes, connect text to personal expriences, identify main idea, follow plot sequence, compare and contrast, follow printed directions, interact with content, and infer motives, traits, or feelings of characters [2] <input type="checkbox"/> Recognizes word patterns (suffix and prefix) [10] <input type="checkbox"/> Word recognition level is 92-95% of words read [11] <input type="checkbox"/> Identify cause and effect [12] <input type="checkbox"/> Determines purposes for reading [13] <input type="checkbox"/> Recognizes synonyms, antonyms, contradictions, and compound words [15] <input type="checkbox"/> Draws conclusions from reading [16] <input type="checkbox"/> Recalls details [17] <input type="checkbox"/> Makes and revises predictions [18] <input type="checkbox"/> Compares and contrasts information [19] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Uses appropriate language structure when writing sentences [3] <input type="checkbox"/> Identifies sentence patterns [3] <input type="checkbox"/> Writes the four types of sentences [4] <input type="checkbox"/> Spells frequently used words correctly [10] <input type="checkbox"/> Employs the steps in the writing process: pre-writing, drafting, revising, editing and publishing [13] <input type="checkbox"/> Writes to inform [19] <input type="checkbox"/> Writes to communicate [20] <input type="checkbox"/> Writes to entertain [21] <input type="checkbox"/> Writes to describe [22] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Recognizes, describes and extends patterns [1] <input type="checkbox"/> Reads and writes number words up to five-digit numbers [5] <input type="checkbox"/> Compares and orders five-digit numbers using <, >, and = [8] <input type="checkbox"/> Recognizes, draws, models and orders fractions with fourths, fifths, sixths and eighths [13] <input type="checkbox"/> Compares data represented on chars and tables [18] <input type="checkbox"/> Identifies and compares differences between length, weight/mass and capacity/volume (English and metric units) [22] <input type="checkbox"/> Chooses appropriate units of measurement for length, weight/mass and capacity/volume [23] <input type="checkbox"/> Converts between pints, quarts and gallons [24] <input type="checkbox"/> Compares metric measurements to English measurements [26] <input type="checkbox"/> Solves word problems using time, money and measurements [31] <input type="checkbox"/> Identifies and compares right angles, acute angles and obtuse angles [34] <input type="checkbox"/> Identifies three-dimensional relationships [35] <input type="checkbox"/> Estimates solutions to problems using basic operations [37] <input type="checkbox"/> Estimates sums and differences in money problems up to \$100 [38] <input type="checkbox"/> Adds and subtracts five-digit numbers with and without regrouping [41]
<b>NOTE:</b> Each number in brackets indicates the Instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**THIRD GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
		<input type="checkbox"/> Adds up to three four-digit addends [42] <input type="checkbox"/> Models, explores and states multiplication facts 6 to 12 and division facts 1 to 12 [44] <input type="checkbox"/> Multiplies up to three-digit numbers by one-digit multipliers with and without regrouping [45] <input type="checkbox"/> Divides three-digit numbers by one-digit divisors [46] <input type="checkbox"/> Adds and subtracts fractions with like denominators [47] <input type="checkbox"/> Adds and subtracts numbers with decimals to tenths [49] <input type="checkbox"/> Adds amounts of money up to \$999.99 represented with decimal notation [50] <input type="checkbox"/> Subtracts amounts of money from \$100 or less [51] <input type="checkbox"/> Solves one- and two-step word problems using the four basic operations [57] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**FOURTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Reads orally with fluency based on rate, intonation, phrasing and naturalness utilizing miscues [1] <input type="checkbox"/> Reads fluently with understanding [3] <input type="checkbox"/> Recognizes word patterns (e.g., prefixes, suffixes, inflectional endings [5] <input type="checkbox"/> Identifies multiple meanings of words [8] <input type="checkbox"/> Recognizes synonyms, antonyms, homonyms, and compound words [9] <input type="checkbox"/> Uses figurative language to decode words utilizing graphophonic cues [10] <input type="checkbox"/> Recognizes spelling patterns and phonetic generalizations [11] <input type="checkbox"/> Differentiates between contractions and possessives [12] <input type="checkbox"/> Decodes words utilizing semantic/meaning cues, syntactic/grammar cues or graphophonic/sound/symbol cues [13] <input type="checkbox"/> Identifies analogies [15] <input type="checkbox"/> Summarizes information [16] <input type="checkbox"/> Uses picture, list, table, chart, graph to understand passage [17] <input type="checkbox"/> Identifies/applies knowledge of organizational patterns as cause and effect [18] <input type="checkbox"/> Identifies and summarizes main idea and supporting details [19] <input type="checkbox"/> Makes predictions/draws conclusions/infers meaning [20] <input type="checkbox"/> Retells a story [21] <input type="checkbox"/> Describes story elements [22]	<input type="checkbox"/> Uses various sentence patterns [1] <input type="checkbox"/> Writes a paragraph with a main idea, supporting details and a closing [5] <input type="checkbox"/> Writes about a passage using correct sequential order [8] <input type="checkbox"/> Writes to identify story elements [9] <input type="checkbox"/> Writes to retell a story [10] <input type="checkbox"/> Creates and presents a written report, using a variety of printed materials [12] <input type="checkbox"/> Writes to identify the author's purpose [13] <input type="checkbox"/> Writes about how a passage makes him/her feel [14] <input type="checkbox"/> Creates compositions to inform, entertain, persuade and describe [15] <input type="checkbox"/> Writes appropriately for various kinds of audiences [16] <input type="checkbox"/> Uses specialized vocabulary to write about a particular task [17] <input type="checkbox"/> Composes and shares a written response to a situation that was read aloud [20] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Reads and writes fractions, six-digit numbers, and decimal numbers through hundredths [1] <input type="checkbox"/> Orders and compares six-digit whole numbers, decimal numbers through hundredths, and fractions with denominators of twelve or less [2] <input type="checkbox"/> Counts change up to \$10.00 [8] <input type="checkbox"/> Recognizes, describes and extends a given pattern [9] <input type="checkbox"/> Collects, organizes and interprets data using bar graphs, circle graphs, line graphs, pictographs, charts, tables, and tally charts [11] <input type="checkbox"/> Formulates and solves problems that involve data analysis prediction [12] <input type="checkbox"/> Investigates the concepts of probability by predicting and conducting probability exercises [13] <input type="checkbox"/> Measures a given object to the nearest fourth of an inch [14] <input type="checkbox"/> Selects, uses, compares, and converts within the appropriate standard (English and metric) system of measurement [15] <input type="checkbox"/> Determines the perimeter and area (grid area) of appropriate standard and nonstandard geometric figures [16] <input type="checkbox"/> Calculates and solves problems with elapsed time [18] <input type="checkbox"/> Constructs two- and three-dimensional geometric figures with concrete materials [19] <input type="checkbox"/> Identifies, describes, classifies and compares two- and three-dimensional geometric shapes, figures and models [20]
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**FOURTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Uses skimming/scanning techniques [23] <input type="checkbox"/> Utilizes parts of a book [25] <input type="checkbox"/> Identifies and uses a variety of resource texts to gain information [26] <input type="checkbox"/> Identifies the author's purpose [28] <input type="checkbox"/> Understands the meaning of a passage from a selection [29] <input type="checkbox"/> Identifies differences among the genres of fiction, nonfiction, poetry and plays [30] <input type="checkbox"/> Connects literature to real-life situations [31] <input type="checkbox"/> Interprets figurative language/literary devices [32] <input type="checkbox"/> Identifies fact and opinion [34] <input type="checkbox"/> Identifies the author's position (author's personal view) [36] <input type="checkbox"/> Follows directions in a passage [38] <input type="checkbox"/> Explains the importance of sequencing of activities [39] <input type="checkbox"/> Interprets specialized vocabulary [40] <input type="checkbox"/> Identifies information which provides additional clarity [41] <input type="checkbox"/> Locates/applies appropriate information [42] <input type="checkbox"/> Uses graphic aides to understand workplace procedures [43] <input type="checkbox"/> <b>NO PROBLEMS</b>		<input type="checkbox"/> Investigates transformational results of slides, flips and turns [21] <input type="checkbox"/> Identifies and models points, lines (including parallel, perpendicular and intersecting lines), line segments and rays [22] <input type="checkbox"/> Identifies right, acute and obtuse angles [23] <input type="checkbox"/> Defines and labels the center, radius, diameter and chord of a circle and explores the meaning of a circumference of a circle [24] <input type="checkbox"/> Identifies congruent and symmetrical figures [25] <input type="checkbox"/> Uses variable and open sentences to solve problems with the four basic operations [27] <input type="checkbox"/> Estimates sums, differences, products and quotients using a variety of techniques [28] <input type="checkbox"/> Adds, subtracts, multiplies and divides money amounts [34] <input type="checkbox"/> Adds and subtracts fractions with like and unlike denominators [36] <input type="checkbox"/> Applies problem-solving techniques to solve one- and two-step problems involving the basic operations [37] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**FIFTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Reads fluently with speed, pacing, inflection and accuracy [1] <input type="checkbox"/> Reads fluently with understanding [3] <input type="checkbox"/> Utilizes prefixes and suffixes [5] <input type="checkbox"/> Decodes words utilizing semantic/meaning cues, syntactic/grammar cues or graphophonic/sound/symbol cues [7] <input type="checkbox"/> Expands and understands application of antonyms, synonyms and homonyms [8] <input type="checkbox"/> Differentiates between contractions and possessives [9] <input type="checkbox"/> Utilizes spelling patterns and phonetic generalizations [10] <input type="checkbox"/> Identifies multiple meanings of words/homographs [11] <input type="checkbox"/> Uses figurative language/sound devices [12a] <input type="checkbox"/> Uses figurative language to decode words utilizing graphophonic cues [12b] <input type="checkbox"/> Identifies analogies [15] <input type="checkbox"/> Uses pictures, lists, tables, charts, graphs and glossaries to completely understand passages [16] <input type="checkbox"/> Identifies and applies knowledge of organizational patterns [17a] <input type="checkbox"/> Compares and contrasts information [17b] <input type="checkbox"/> Locates, summarizes and combines information from different sources [18] <input type="checkbox"/> Identifies and makes inferences [19] <input type="checkbox"/> Utilizes skimming and scanning techniques [20]	<input type="checkbox"/> Uses various sentence patterns [1] <input type="checkbox"/> Summarizes passage in writing after reading [6] <input type="checkbox"/> Predicts endings in writings [7] <input type="checkbox"/> Creates a new ending for stories in writing [8] <input type="checkbox"/> Describes the character in a story through writing [9] <input type="checkbox"/> Writes to identify story elements [10] <input type="checkbox"/> Writes to retell a story [11] <input type="checkbox"/> Creates a written report using a variety of materials [12] <input type="checkbox"/> Creates class presentations using a variety of materials [13] <input type="checkbox"/> Writes about how a passage makes him/her feel [15] <input type="checkbox"/> Identifies elements that tell us a story is fictional [16] <input type="checkbox"/> Writes about how he/she identifies with people in stories [17] <input type="checkbox"/> Writes to identify the author's purpose [18] <input type="checkbox"/> Writes appropriately for various audiences [19] <input type="checkbox"/> Creates compositions to inform, entertain, persuade and describe [21] <input type="checkbox"/> Writes instructions for completing a task [22] <input type="checkbox"/> Writes directions for reaching a location [23] <input type="checkbox"/> Writes a summary of a passage read aloud [24] <input type="checkbox"/> Writes about how he/she feels after listening to a passage read aloud [25] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Compares and orders nine-digit whole numbers, decimals to the nearest thousandth, like and unlike fractions and mixed numerals using appropriate symbols [1] <input type="checkbox"/> Reads and writes standard forms and expanded notation for numbers through hundred millions [2] <input type="checkbox"/> Models, identifies and writes equivalent fractions including improper fractions, mixed numerals with like and unlike denominators [6] <input type="checkbox"/> Draws and labels bar, line, and circle graphs and pictographs [9] <input type="checkbox"/> Finds measurements of length to the nearest millimeter in the metric system and one-eighth inch in the English system [12] <input type="checkbox"/> Converts units within a given measurement system [13] <input type="checkbox"/> Solves multi-step problems using suitable measurements [17] <input type="checkbox"/> Identifies, classifies and finds the perimeter of polygons [20] <input type="checkbox"/> Finds the areas of squares and rectangles [21] <input type="checkbox"/> Models, draws and describes transformations of two-dimensional figures [24] <input type="checkbox"/> Solves problems dealing with money [31] <input type="checkbox"/> Determines the unit price when given total cost of items [32] <input type="checkbox"/> Solves multi-step word problems using the four basic operations with computation and estimation [34]
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

# FIFTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET

STUDENT:

CURRENT SCHOOL YEAR:

DIRECTIONS: For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates

"NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.

## READING

## WRITING

## MATHEMATICS

- ☐ Retells a story [21]
- ☐ Utilizes the parts of a book [22]
- ☐ Identifies story elements [23]
- ☐ Notes the main idea of a paragraph and supporting details [25]
- ☐ Uses the main idea and supporting details to summarize a paragraph [25]
- ☐ Makes predictions, draws conclusions and makes inferences [26]
- ☐ Identifies and uses a variety of resource texts [27]
- ☐ Identifies point of view [29]
- ☐ Identifies figurative language (e.g., similes, metaphors, personification and hyperbole) [30]
- ☐ Identifies genres (e.g., fiction, nonfiction, biographies and poetry) [31]
- ☐ Identifies the author's purpose [32]
- ☐ Connects/relates literature to real-life situations [33]
- ☐ Understands the meaning of a passage from a selection [34]
- ☐ Identifies fact and opinion [36]
- ☐ Distinguishes between informative and persuasive passages [37]
- ☐ Determines the author's position [38]
- ☐ Follows written directions in a passage [40]
- ☐ Locates and applies appropriate information [41]
- ☐ Identifies sequence of activities needed to carry out a procedure [42]
- ☐ Interprets specialized vocabulary [43]
- ☐ Identifies information in a passage which provides additional clarity [44]
- ☐ NO PROBLEMS

- ☐ Uses symbols and variables in addition, subtraction, multiplication and division problems [35]
- ☐ NO PROBLEMS

NOTE: Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.



# SIXTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET

STUDENT:		CURRENT SCHOOL YEAR:
<p><b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ) in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.</p>		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Reads fluently with speed, pacing, inflection, and accuracy [1] <input type="checkbox"/> Reads fluently with understanding [2] <input type="checkbox"/> Demonstrates ability to use background experiences [2] <input type="checkbox"/> Able to draw logical conclusions, predict outcomes, connect text to personal experiences, identify main idea, follow plot sequence, compare and contrast, follow printed directions, interact with content, and infer motives, traits, or feelings of characters [2] <input type="checkbox"/> Decodes words utilizing semantic/meaning cues, syntactic/grammar cues or graphophonic/sound/symbol cues [5] <input type="checkbox"/> Uses word patterns to spell words [6] <input type="checkbox"/> Utilizes prefixes and suffixes in determining word meanings [7] <input type="checkbox"/> Recognizes synonyms, antonyms and homonyms [8] <input type="checkbox"/> Identifies multiple meanings/homographs [9] <input type="checkbox"/> Interprets the meaning of possessives and contractions [10] <input type="checkbox"/> Uses figurative language to decode words utilizing graphophonic cues [11] <input type="checkbox"/> Identifies analogies [14] <input type="checkbox"/> Locates, summarizes and combines information from different sources [15] <input type="checkbox"/> Uses visual aids to find information in a passage [16] <input type="checkbox"/> Uses parts of a book [17] <input type="checkbox"/> Identifies and applies knowledge of organizational patterns [18] <input type="checkbox"/> Summarizes main ideas and supporting details [19] <input type="checkbox"/> Makes predictions, inferences and draws conclusions [20] <input type="checkbox"/> Utilizes skimming and scanning techniques [21] <input type="checkbox"/> Retells a story [23] <input type="checkbox"/> Identifies the story elements [24] <input type="checkbox"/> Identifies characteristics of short stories, poetry and plays [26] <input type="checkbox"/> Explains how the literary elements support the author's purpose [27] <input type="checkbox"/> Uses figurative language/literary devices [29] <input type="checkbox"/> Understands the meaning of a passage [30] <input type="checkbox"/> Understands the author's purpose [32] <input type="checkbox"/> Distinguishes between fact and opinion [33] <input type="checkbox"/> Recognizes persuasive and propaganda techniques [34] <input type="checkbox"/> Interprets specialized vocabulary [37] <input type="checkbox"/> Compares the relationship between diagrams and the content of printed directions [38]	<input type="checkbox"/> Uses various sentence patterns [1] <input type="checkbox"/> Uses a variety of sentence patterns when writing [2] <input type="checkbox"/> Demonstrates a proficiency in writing usage [3] <input type="checkbox"/> Demonstrates proficiency in writing mechanics [4] <input type="checkbox"/> Self-corrects and corrects others' writing by editing or proofreading [5] <input type="checkbox"/> Identifies the story elements [8] <input type="checkbox"/> Writes in sequential order about a passage after reading [9] <input type="checkbox"/> Summarizes key points of a passage [10] <input type="checkbox"/> Writes a character description [11] <input type="checkbox"/> Completes a character analysis [12] <input type="checkbox"/> Expresses feelings towards characters in a story [13] <input type="checkbox"/> Writes to retell a story [14] <input type="checkbox"/> Uses reference materials when writing factual compositions [15] <input type="checkbox"/> Utilizes a dictionary/thesaurus when writing/editing [16] <input type="checkbox"/> Interviews to obtain information [17] <input type="checkbox"/> Responds to a passage using an opinion-based approach [18, 19] <input type="checkbox"/> Identifies and discusses in writing an author's purpose for a story or a passage [20] <input type="checkbox"/> Writes for various audiences [21] <input type="checkbox"/> Creates compositions to entertain, inform, persuade and describe [22] <input type="checkbox"/> Writes a friendly letter [23] <input type="checkbox"/> Writes a thank you note correctly [24] <input type="checkbox"/> Writes a business letter [25] <input type="checkbox"/> Completes a simple application [26] <input type="checkbox"/> Creates a list of directions [27] <input type="checkbox"/> Creates a menu [28] <input type="checkbox"/> Responds to text using various points of view [29] <input type="checkbox"/> Integrates writing to interpret personal ideas/opinions and those of others [30] <input type="checkbox"/> Writes a summary of a passage read aloud [31] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Solves equations in one variable using addition and subtraction [1] <input type="checkbox"/> Models simple addition and subtraction problems using integers on a number line [2] <input type="checkbox"/> Recognizes and continues a number pattern and/or geometric representation [3] <input type="checkbox"/> States a rule to explain a number pattern [4] <input type="checkbox"/> Using whole numbers, completes a function table based on a given rule [5] <input type="checkbox"/> Creates and solves proportional equations using one variable [6] <input type="checkbox"/> Reads and constructs line, bar and pictographs [7] <input type="checkbox"/> Reads and interprets circle graph using percents [8] <input type="checkbox"/> Constructs and explains a frequency table [9] <input type="checkbox"/> Uses probability to predict the outcome of a single event and express the result as a fraction and/or decimal [10] <input type="checkbox"/> Estimates and compares data to include mean, median, and mode [8] <input type="checkbox"/> Solves problems involving combinations [12] <input type="checkbox"/> Measures length to the nearest one-sixteenth inch [13] <input type="checkbox"/> Identifies appropriate units for measuring length, weight, volume and temperature in standard (English and metric) systems [14] <input type="checkbox"/> Uses appropriate mathematical tools for determining length, volume and temperature in standard (English and metric) systems [15] <input type="checkbox"/> Uses estimation to solve problems in standard (English and metric) systems [16] <input type="checkbox"/> Converts units within a measurement system [17] <input type="checkbox"/> Locates points in all four quadrants of the coordinate plane [18] <input type="checkbox"/> Draws points, lines (parallel, perpendicular, intersecting lines), line segments and rays [19] <input type="checkbox"/> Identifies, classifies and measures right, acute, obtuse and straight angles [20] <input type="checkbox"/> Creates a tessellation using polygons [21] <input type="checkbox"/> Identifies the vertices, edges and faces of three-dimensional figures [22] <input type="checkbox"/> Identifies and constructs flips, slides and turns [23] <input type="checkbox"/> Calculates the area of a square and a rectangle without using a calculator [24] <input type="checkbox"/> Finds the circumference of a circle [25] <input type="checkbox"/> Finds the area of circle using a calculator [26] <input type="checkbox"/> Finds the volume of a cube or rectangular prism [27] <input type="checkbox"/> Reads, writes and rounds twelve-digit numbers [28] <input type="checkbox"/> Compares and orders whole numbers using <, > and = [29]
<p><b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.</p>		

# SIXTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET

STUDENT:		CURRENT SCHOOL YEAR:
<p><b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ) in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.</p>		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Carries out a written procedure [39] <input type="checkbox"/> Locates specific names in the phone book [40] <input type="checkbox"/> Uses an illustration to locate information [41] <input type="checkbox"/> <b>NO PROBLEMS</b>		<input type="checkbox"/> Writes twelve-digit whole numbers using expanded notation [30] <input type="checkbox"/> Reads, writes and rounds decimals to the nearest ten-thousandth [31] <input type="checkbox"/> Compares and orders decimal numbers using <, > and = [32] <input type="checkbox"/> Writes decimal numbers through the nearest ten-thousandth using expanded notation [33] <input type="checkbox"/> Uses estimation to determine the accuracy of solutions [34] <input type="checkbox"/> Multiplies a three-digit decimal number by a two-digit decimal number [35] <input type="checkbox"/> Divides a five-digit decimal number by a two-digit decimal number [36] <input type="checkbox"/> Rounds decimal quotients to the nearest whole number, tenths and hundredths [37] <input type="checkbox"/> Estimates and solves one- and two-step problems involving addition, subtraction, multiplication and division of decimals with and without a calculator [38] <input type="checkbox"/> Uses the rules of divisibility to determine factors and multiples of a given number [39] <input type="checkbox"/> Explores the relationship between integers [40] <input type="checkbox"/> Models and writes the prime factorization of a number using exponential notation [41] <input type="checkbox"/> Distinguishes between prime and composite numbers with and without the use of a calculator [42] <input type="checkbox"/> Uses the greatest common factor (GCF) to simplify fractions [43] <input type="checkbox"/> Uses the least common multiple (LCM) to simplify common denominators [44] <input type="checkbox"/> Converts among fractions, decimals and percents [45] <input type="checkbox"/> Finds the percent of a number [46] <input type="checkbox"/> Estimates and calculates sale price and/or original price using discount rates [47] <input type="checkbox"/> Determines equivalent forms of fractions [49] <input type="checkbox"/> Uses a variety of techniques to express a fraction in simplest form [50] <input type="checkbox"/> Locates fractions, decimals and mixed numbers on a number line [51] <input type="checkbox"/> Adds and subtracts mixed numbers, with and without regrouping, expressing the answer in simplest form using like and unlike denominators [52] <input type="checkbox"/> Multiplies and divides proper fractions as well as mixed numbers expressing the answer in simplest form [53] <input type="checkbox"/> Estimates, solves and compares solutions to one- and two-step problems involving addition, subtraction, multiplication and division of proper fractions and mixed numbers [54] <input type="checkbox"/> Demonstrates different ways to express ratios [55] <input type="checkbox"/> <b>NO PROBLEMS</b>
<p><b>NOTE:</b> Each number in brackets indicates the Instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.</p>		

**SEVENTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Reads fluently with speed, pacing, inflection and accuracy [1] <input type="checkbox"/> Reads fluently with understanding [3] <input type="checkbox"/> Demonstrates ability to use background experiences [3] <input type="checkbox"/> Able to draw logical conclusions, predict outcomes, connect text to personal experiences, identify the main idea, follow plot sequence, compare and contrast, follow printed directions, interact with content, and infer motives, traits, or feelings of characters [3] <input type="checkbox"/> Identify root words, prefixes and suffixes [5] <input type="checkbox"/> Decodes words utilizing semantics/meaning cues, syntactic/grammar cues or graphophonic/sound/symbol [6] <input type="checkbox"/> Uses spelling patterns and inflectional endings [7] <input type="checkbox"/> Identifies figurative language [8a] <input type="checkbox"/> Identifies figurative language to decode words utilizing graphophonic cues [8b] <input type="checkbox"/> Identify and spell frequently used words correctly [9] <input type="checkbox"/> Uses analogies [11] <input type="checkbox"/> Skims or scans reading materials [12] <input type="checkbox"/> Utilizes parts of a book [14] <input type="checkbox"/> Utilizes visual aids [15] <input type="checkbox"/> Identifies the main idea and supporting details [17] <input type="checkbox"/> Makes predictions, inferences and draws conclusions [18] <input type="checkbox"/> Summarizes or paraphrases a story [19] <input type="checkbox"/> Locates and combines information from reference sources [20] <input type="checkbox"/> Re-tells a story [21] <input type="checkbox"/> Analyzes characters after reading a selection [22] <input type="checkbox"/> Identifies the story elements [23] <input type="checkbox"/> Identifies characteristics of each genre [26] <input type="checkbox"/> Recognizes author's tone, purpose, and point of view [27] <input type="checkbox"/> Understands literary devices [28] <input type="checkbox"/> Identifies persuasive writing [31a] <input type="checkbox"/> Identifies informative writing [31b] <input type="checkbox"/> Determines the author's position [32] <input type="checkbox"/> Recognizes persuasive techniques [33] <input type="checkbox"/> Identifies essential information in directions [35] <input type="checkbox"/> Supplies the necessary information to complete a form [36] <input type="checkbox"/> Interprets a visual aid which relates to the content of the text [37]	<input type="checkbox"/> Uses various sentence patterns [1] <input type="checkbox"/> Produces a piece of writing (paragraph, essay, etc.) using a variety of sentence patterns [2] <input type="checkbox"/> Produces a piece of writing using correct subject-verb agreement, verb tenses, pronoun case, pronoun-antecedent agreement, possessives, plurals, adjectives, adverbs, comparative degree, superlative degree and prepositions correctly [3] <input type="checkbox"/> Produces a piece of writing using correct punctuation and capitalization [4] <input type="checkbox"/> Applies correct spelling concepts in written work [5] <input type="checkbox"/> Self-corrects and/or edits other's written work through proofreading [6] <input type="checkbox"/> Produces a piece of writing that identifies the main idea of a story and also provides details that appear in the story [9] <input type="checkbox"/> Summarizes a literacy selection [10] <input type="checkbox"/> Writes a character analysis using a Venn diagram [11] <input type="checkbox"/> Recalls specific details to justify an idea in a piece of writing [12] <input type="checkbox"/> Re-creates the storyline in sequential order [13] <input type="checkbox"/> Responds to text by addressing story elements [14] <input type="checkbox"/> Responds to text by writing to retell a story [15] <input type="checkbox"/> Organizes content from various sources to construct a written product [17] <input type="checkbox"/> Develops and presents a written project [18] <input type="checkbox"/> Identifies author's purpose and explains it in writing [19] <input type="checkbox"/> Writes to interpret ideas and opinions of others [20] <input type="checkbox"/> Identifies and creates many types of compositions having a topic sentence, supporting details and closing sentence [21] <input type="checkbox"/> Writes for various audiences [22] <input type="checkbox"/> Creates various genres of literary writing [23] <input type="checkbox"/> Composes business letters and memos [24] <input type="checkbox"/> Writes personal reaction to stories, poems, etc. [26] <input type="checkbox"/> Answers questions about passages, including point of view of the passage, intended audience, and author's purpose [27] <input type="checkbox"/> Integrates writing to interpret personal ideas/opinions and the ideas/opinions of others [28] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Describes and extends a pattern in a sequence [1] <input type="checkbox"/> Identifies and uses the commutative, associative, distributive and identity properties [2] <input type="checkbox"/> Translates between simple algebraic expressions and verbal phrases [3] <input type="checkbox"/> Solves linear equations using the addition, subtraction, multiplication and division properties of equality with integer solutions [4] <input type="checkbox"/> Writes a real-world situation from a given equation [5] <input type="checkbox"/> Writes and solves equations that represent problem-solving solutions [6] <input type="checkbox"/> Organizes data in a frequency table [7] <input type="checkbox"/> Interprets and constructs histograms, line graphs and bar graphs [8] <input type="checkbox"/> Interprets and constructs circle graphs when given degrees [9] <input type="checkbox"/> Estimates and compares data, including mean, median, mode, and range, of a set of data [11] <input type="checkbox"/> Predicts and recognizes data from statistical graphs [12] <input type="checkbox"/> Determines the probability of a single event [13] <input type="checkbox"/> Uses simple permutations and combinations [14] <input type="checkbox"/> Converts within a standard measurement system (English and metric) [15] <input type="checkbox"/> Converts temperature using the Fahrenheit and Celsius formulas [16] <input type="checkbox"/> Uses standard units of measurement to solve application problems [17] <input type="checkbox"/> Identifies polygons up to twelve sides [18] <input type="checkbox"/> Classifies and compares the properties of quadrilaterals [19] <input type="checkbox"/> Classifies and measures angles [20] <input type="checkbox"/> Classifies triangles according to their sides and angles [21] <input type="checkbox"/> Finds the perimeter of polygons [22] <input type="checkbox"/> Finds the area of triangles and quadrilaterals [23] <input type="checkbox"/> Finds the interchange area and circumference of a circle [24] <input type="checkbox"/> Identifies congruent segments, angles and polygons [25] <input type="checkbox"/> Develops relationships of faces, vertices and edges of three-dimensional figures [26] <input type="checkbox"/> Performs transformations on plane figures using physical models and graph paper [27] <input type="checkbox"/> Identifies lines of symmetry in polygons [28] <input type="checkbox"/> Develops and applies the Pythagorean Theorem to find the missing side of a right triangle [29] <input type="checkbox"/> Graphs ordered pairs on a coordinate plane [30] <input type="checkbox"/> Uses powers of ten to multiply and divide decimals [31] <input type="checkbox"/> Uses patterns to develop concepts of exponents [32]
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

**SEVENTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET**

<b>STUDENT:</b>		<b>CURRENT SCHOOL YEAR:</b>
<b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.		
<b>READING</b>	<b>WRITING</b>	<b>MATHEMATICS</b>
<input type="checkbox"/> Identifies the specialized vocabulary in a context [38] <input type="checkbox"/> Follows a written procedure [39] <input type="checkbox"/> Locates information in a manual [40] <input type="checkbox"/> Identifies information in an illustration [41] <input type="checkbox"/> Recalls the main idea, details, and facts after listening to a reading selection [43] <input type="checkbox"/> <b>NO PROBLEMS</b>		<input type="checkbox"/> Writes numbers in standard and exponential form [33] <input type="checkbox"/> Converts between standard form and scientific notation [34] <input type="checkbox"/> Finds and uses prime factorization with exponents to obtain the greatest common factor (GCF) and least common multiple (LCM) [35] <input type="checkbox"/> Uses patterns to develop the concepts of roots of perfect square with and without use of a calculator [36] <input type="checkbox"/> Recognizes and writes integers including opposites and absolute value [37] <input type="checkbox"/> Compares and orders integers [38] <input type="checkbox"/> Adds, subtracts, multiplies and divides integers with and without the use of a calculator [39] <input type="checkbox"/> Uses the order of operations to simplify and/or evaluate numerical and algebraic expressions with and without use of a calculator [40] <input type="checkbox"/> Compares, orders, rounds and estimates decimals [41] <input type="checkbox"/> Adds, subtracts, multiplies and divides in real-life situations with and without use of a calculator [42] <input type="checkbox"/> Converts among decimals, fractions and mixed numbers [43] <input type="checkbox"/> Expresses ratios as fractions [43] <input type="checkbox"/> Adds, subtracts, multiplies and divides, fractions and mixed numbers [45] <input type="checkbox"/> Uses estimation to add, subtract, multiply and divide fractions [46] <input type="checkbox"/> Explores equivalent ratios and expresses them in simplest form [47] <input type="checkbox"/> Solves problems involving proportions [48] <input type="checkbox"/> Determines unit rates [49] <input type="checkbox"/> Uses models to illustrate the meaning of percent [50] <input type="checkbox"/> Converts among decimals, fractions, mixed numbers and percents [51] <input type="checkbox"/> Determines the percent of a number [52] <input type="checkbox"/> Estimates decimals, fractions, and percents [53] <input type="checkbox"/> Uses proportions and equations to solve problems with rate, base, and part, with and without use of a calculator [54] <input type="checkbox"/> Finds the percent of increase and percent of decrease [55] <input type="checkbox"/> Solves problems involving sales tax, discount and simple interest with and without use of a calculator [56] <input type="checkbox"/> <b>NO PROBLEMS</b>
<b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.		

# EIGHTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET

STUDENT:		CURRENT SCHOOL YEAR:
<p><b>DIRECTIONS:</b> For each minimum instructional benchmark in which the student has academic problems, place a check ( ✓ ), in the box. If the student has no problems in an area, place a check ( ✓ ) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.</p>		
READING	WRITING	MATHEMATICS
<input type="checkbox"/> Reads fluently with speed, pacing, inflection and accuracy [1] <input type="checkbox"/> Identifies prefixes and suffixes [5] <input type="checkbox"/> Identifies multiple meanings [6] <input type="checkbox"/> Uses synonyms, antonyms and homonyms [7] <input type="checkbox"/> Decodes words utilizing semantic/meaning cues, syntactic/grammar cues or graphophonic/sounds/symbol cues [8] <input type="checkbox"/> Uses figurative language to decode words utilizing graphophonic cues [10] <input type="checkbox"/> Uses visual aids to completely understand a passage [12] <input type="checkbox"/> Identifies and applies knowledge of organizational patterns [13] <input type="checkbox"/> Recalls details and justifies his/her answers [14] <input type="checkbox"/> Makes predictions, draws conclusions and infers meaning [15] <input type="checkbox"/> Skims and scans to locate key information [16] <input type="checkbox"/> Summarizes or paraphrases a story [17] <input type="checkbox"/> Applies content read to story elements [24a] <input type="checkbox"/> Analyses characters [24b] <input type="checkbox"/> Interprets various types of genres [26] <input type="checkbox"/> Determines the author's purpose [27] <input type="checkbox"/> Interprets the meaning of different passages [29] <input type="checkbox"/> Recognizes figurative language/sound devices [30] <input type="checkbox"/> Recognizes and uses persuasive techniques [32] <input type="checkbox"/> Determines the author's position and defends/supports it with details [33] <input type="checkbox"/> Identifies or interprets specialized vocabulary in context [36] <input type="checkbox"/> Determines the sequence of activities for procedure [37] <input type="checkbox"/> Locates and applies appropriate information [38] <input type="checkbox"/> Identifies information which provides additional clarity [39] <input type="checkbox"/> Listens and responds to teacher/peer [41] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Uses various sentence patterns [1] <input type="checkbox"/> Utilizes a variety of sentence patterns [2] <input type="checkbox"/> Writes for a variety of purposes [3] <input type="checkbox"/> Uses proper mechanics and usage [4] <input type="checkbox"/> Self-corrects and corrects others' writing by editing/proofreading [5] <input type="checkbox"/> Writes sequentially to present what has been read [7] <input type="checkbox"/> Summarizes a literary selection [9] <input type="checkbox"/> Writes a character analysis using a Venn diagram [10] <input type="checkbox"/> Responds and identifies story elements [11] <input type="checkbox"/> Compiles information from texts, media and other printed material to construct a written product [12, 13] <input type="checkbox"/> Develops and presents a written product [14] <input type="checkbox"/> Identifies author's purpose [16] <input type="checkbox"/> Writes to interpret ideas and opinions of others [17] <input type="checkbox"/> Creates different types of composition to entertain, inform, persuade and describe [19] <input type="checkbox"/> Creates various types of literary writing [20] <input type="checkbox"/> Completes applications, forms, etc. [22] <input type="checkbox"/> Writes a sequence of activities to complete a procedure [23] <input type="checkbox"/> Writes a summary of passages read [25] <input type="checkbox"/> Writes a personal reaction to a passage [26] <input type="checkbox"/> Integrates writing to interpret personal ideas/opinions and the ideas/opinions of others [27] <input type="checkbox"/> <b>NO PROBLEMS</b>	<input type="checkbox"/> Identifies and applies the commutative, associative and distributive properties [1] <input type="checkbox"/> Distinguishes between numerical and algebraic expressions, equations and inequalities [2] <input type="checkbox"/> Converts between word phrases or sentences and algebraic expressions, equations or inequalities [3] <input type="checkbox"/> Simplifies and evaluates numerical and algebraic expressions [4] <input type="checkbox"/> Solves and checks one- and two-step linear equations and inequalities [5] <input type="checkbox"/> Solves and checks multi-step linear equations using the distributive property [6] <input type="checkbox"/> Graphs solutions to inequalities on a number line [7] <input type="checkbox"/> Writes a corresponding real-life situation from an algebraic expression [8] <input type="checkbox"/> Interprets and constructs frequency tables and charts [9] <input type="checkbox"/> Finds the mean, median, mode and range of a given set of data [10] <input type="checkbox"/> Interprets and constructs bar graphs, line graphs, circle graphs and pictographs from given data [11] <input type="checkbox"/> Interprets and constructs stem and leaf, box and whisker, and scatter plots from given data [12] <input type="checkbox"/> Predicts patterns or trends based on given data [13] <input type="checkbox"/> Uses combinations and permutations in application problems [14] <input type="checkbox"/> Calculates and applies basic probability [15] <input type="checkbox"/> Converts, performs basic operations and solves word problems using standard measurements [16] <input type="checkbox"/> Measures line segments and finds dimensions of given figures using standard measurements [17] <input type="checkbox"/> Writes and solves real-life problems involving standard measurements [18] <input type="checkbox"/> Selects appropriate units of measurement for real-life problems [19] <input type="checkbox"/> Identifies parallel, perpendicular, intersecting and skew lines [20] <input type="checkbox"/> Identifies and describes characteristics of polygons [21] <input type="checkbox"/> Finds the perimeter and area of polygons and circumference and area of circles [22] <input type="checkbox"/> Classifies, draws and measures acute, obtuse, right and straight angles [23] <input type="checkbox"/> Identifies and finds the missing angle measure for adjacent, vertical, complementary and supplementary angles [24]
<p><b>NOTE:</b> Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.</p>		



# EIGHTH GRADE - MINIMUM INSTRUCTIONAL BENCHMARK SUMMARY SHEET

CURRENT SCHOOL YEAR:

STUDENT:

DIRECTIONS: For each minimum instructional benchmark in which the student has academic problems, place a check (✓), in the box. If the student has no problems in an area, place a check (✓) in the box that indicates "NO PROBLEMS." Place an (X) in the box if no instruction in a benchmark has occurred so far this year.

READING	WRITING	MATHEMATICS
		<input type="checkbox"/> Locates and identifies angles formed by parallel lines cut by a transversal (e.g., corresponding alternate interior and alternate exterior) [25] <input type="checkbox"/> Classifies triangles by sides and angles and finds the missing angle measure [26] <input type="checkbox"/> Identifies three-dimensional figures and describes their faces, vertices and edges [27] <input type="checkbox"/> Uses the Pythagorean Theorem to solve problems with and without use of a calculator [28] <input type="checkbox"/> Identifies the $x$ - and $y$ -axis, the origin and the quadrants of a coordinate plane [29] <input type="checkbox"/> Plots ordered pairs [30] <input type="checkbox"/> Labels the $x$ and $y$ coordinates for a given point [31] <input type="checkbox"/> Uses tables, and graphs simple linear equations [32] <input type="checkbox"/> Simplifies expressions using order of operations [33] <input type="checkbox"/> Uses the rules of exponents when multiplying or dividing like bases and when raising a power to a power [34] <input type="checkbox"/> Multiplies and divides numbers by powers of ten [35] <input type="checkbox"/> Converts between standard form and scientific notation [36] <input type="checkbox"/> Multiplies and divides numbers written in scientific notation [37] <input type="checkbox"/> Evaluates and estimates powers, squares, and square roots with and without use of a calculator [38] <input type="checkbox"/> Classifies and gives examples of real numbers such as natural, whole, integers, rational and irrational [39] <input type="checkbox"/> Identifies, compares and orders fractions and decimals [40] <input type="checkbox"/> Rounds and estimates using fractions and decimals [41] <input type="checkbox"/> Solves real-life problems involving addition, subtraction, multiplication and division of fractions, decimals and mixed numbers [42] <input type="checkbox"/> Determines the absolute value and additive inverse of real numbers [43] <div>NO PROBLEMS</div>

NOTE: Each number in brackets indicates the instructional benchmark from the Instructional Intervention Supplements (Benchmarks, Informal Assessments, Strategies) for the PreKindergarten Curriculum; Reading Grades K-3, 4-8; Writing Grades K-3, 4-8; Math K-8 and to the frameworks distributed by the Mississippi Department of Education. Refer to these supplements for detailed directions.

## PARENT INVITATION TO LOCAL SURVEY COMMITTEE MEETING

DATE: \_\_\_\_\_ ☐ Mailed ☐ Sent ☐ Given

Dear Parent:

Your child, \_\_\_\_\_, has been referred to a committee due to:

- ☐ Your request for an evaluation
- ☐ Difficulty in academics.
- ☐ A teacher's request for an instructional review.
- ☐ A teacher's informal observation of speech/language difficulties.
- ☐ Planned interventions within regular education were unsuccessful.
- ☐ Results of screening instrument(s) indicate educational delays.
- ☐ Diagnosed disorder or impairment that may affect your child's educational performance.

The committee is responsible for reviewing your child's educational record and performance, gathering input from you, and determining appropriate actions to assist your child. A meeting to discuss these concerns and possible interventions, which may include referral for a suspected disability and the need for special education and/or related services, has been set for:

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

The following school and/or district representatives will be in attendance:

- |   |   |
|---|---|
| <input type="checkbox"/> Regular Education Teacher            | <input type="checkbox"/> LSC Chairperson      |
| <input type="checkbox"/> District Special Education Personnel | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Language/Speech Pathologist          | <input type="checkbox"/> Behavior Specialist  |
| <input type="checkbox"/> Counselor                            |   |
| <input type="checkbox"/> Other (Please specify) _____         |   |

Your attendance and participation is encouraged, as it is critical to have your input. Please plan to attend this meeting to assist in this important planning for your child. You may bring with you any individuals you believe would be of help to you due to their knowledge or expertise regarding your child.

Please complete the attached Response Form and return it to me by the noted timeframe. If you have any questions, or need additional information, you may contact me at \_\_\_\_\_  
(telephone number)

Name and Title: \_\_\_\_\_

School District: Greenville Public School District



## LOCAL SURVEY COMMITTEE MEETING DOCUMENTATION

<b>NAME OF STUDENT:</b>	
-------------------------	--

### LSC MEETING FOR CHILD STUDY

<b>DATE OF MEETING:</b>		
<b>MEMBERS PRESENT:</b>	<b>Chairperson:</b>	

<b>ACTION TAKEN:</b>		Student remains in Regular Education.	
		Another specific instructional intervention should be tried.	
		The student should be referred for Comprehensive Assessment. (60-day Timelines begin.)	
	●	Date on which Timelines BEGIN:	
	●	Date on which Timelines END:	
		The student should be screened to determine if further assessment is warranted.	

## PARENT INVITATION TO ELIGIBILITY DETERMINATION CONFERENCE

DATE: ☐ MAILED ☐ SENT ☐ GIVEN \_\_\_\_\_

Dear Parent:

The evaluation of your child, \_\_\_\_\_, has been completed by the Multidisciplinary Team. Designated qualified professionals serving on the team will conduct a meeting to conclude the assessment information and to determine whether the data indicates your child has a disability and is in need of special education services. Your input is needed in making these decisions. You are invited to attend this meeting which has been set for:

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

The qualified professionals from the school or district that will be in attendance include:

Position	Position
Position	Position

Your attendance and participation is encouraged as it is critical to have your input. Please plan to attend this meeting to assist in making these decisions. You may bring any individuals you believe would be of help to you due to their knowledge or expertise regarding your child.

Please complete the attached Response Form and return it to me within the noted timeframe. If you have any questions or need additional information, you may contact me at \_\_\_\_\_  
(Telephone Number)

Name and Title	School/District
----------------	-----------------

# PARENT INVITATION RESPONSE FORM

(District Identification/Notice of Committee Meeting)

NAME OF CHILD: \_\_\_\_\_

Date Sent: \_\_\_\_\_ Purpose of Meeting: \_\_\_\_\_

Date of Scheduled Meeting: \_\_\_\_\_ Time of Scheduled Meeting: \_\_\_\_\_

Location of Scheduled Meeting: \_\_\_\_\_

Please verify your response below and return to the person listed at the bottom of the page within two (2) days.

☐ I will attend the meeting at the scheduled time.

☐ I want to come, but I cannot attend the meeting at the scheduled time. Please contact me at

\_\_\_\_\_ to make other arrangements. I am available for the following:

(Telephone Number)

DATE(S)

TIME(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I will not be able to attend the meeting in person, but would like to participate via telephone. Please contact me at

\_\_\_\_\_ at the scheduled meeting time.

(Telephone Number)

☐ I do not wish to participate in the meeting. Please conduct the meeting without me being present, but contact me following the meeting.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this form to:

NAME AND TITLE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Method of verification \_\_\_\_\_ Date verified \_\_\_\_\_ By Whom \_\_\_\_\_

# Multidisciplinary Evaluation/Eligibility Team (MEET)

## Recommendations

<b>INITIAL MEETING.</b>	<b>Reason for Meeting:</b> This Initial MEET meeting is to review existing data (if any) to determine if assessment is warranted and, if so, in what areas.
<b>DATE:</b>	
<b>INTERIM MEETING.</b>	<b>Reason for Meeting:</b> This MEET meeting is held to determine if a Re-Evaluation is needed. Existing data (if any) will be reviewed to determine if assessment is warranted and, if so, in what areas.
<b>DATE:</b>	
<b>RE-EVAL MEETING.</b>	<b>Reason for Meeting:</b> This meeting is held to Re-Evaluate the student's eligibility. Current information will be discussed and reviewed at the meeting. The MEET will review existing data to determine if assessment is warranted and, if so, in what areas.
<b>DATE:</b>	
<b>REVIEW MEETING.</b>	<b>Reason for Meeting:</b> This meeting is held to review results of testing and to determine what services, if any, will be appropriate.
<b>DATE:</b>	

- 1 ☐ Student **does not** qualify for Special Education Services.
- 2 ☐ Student will be monitored because student **does not** qualify for Special Education services.
- 3 ☐ Student will receive further testing in speech/language.
- 4 ☐ Student will receive further testing in academic area(s): \_\_\_\_\_
- 5 ☐ Student will receive further testing in behavior: \_\_\_\_\_
- 6 ☐ Student will receive further testing in developmental area(s): \_\_\_\_\_
- 7 ☐ No further testing is warranted at this time. EXPLANATION: \_\_\_\_\_
- 8 ☐ No IEP is needed
- 9 ☐ Student **qualifies** for Special Education and/or related services: \_\_\_\_\_
- 10 ☐ The student will receive **primary** service(s) in the area of: \_\_\_\_\_
- 11 ☐ The student will receive **related** service(s) in the area(s) of: \_\_\_\_\_
- 12 ☐ IEP was written and signed at the meeting.
- 13 ☐ Parent signed permission to place student in special education.
- 14 ☐ Parent requested a separate IEP meeting: \_\_\_\_\_

### MEET MEMBERS PRESENT

\_\_\_\_\_  
CHAIRPERSON / SPECIAL EDUCATION TEACHER

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
AGENCY REPRESENTATIVE

\_\_\_\_\_  
REGULAR CLASSROOM TEACHER

\_\_\_\_\_  
SPEECH/LANGUAGE PATHOLOGIST

\_\_\_\_\_  
PSYCHOLOGIST OR PSYCHOMETRIST

\_\_\_\_\_  
MEMBER (POSITION)

\_\_\_\_\_  
MEMBER (POSITION)

Name of Student: \_\_\_\_\_ School: \_\_\_\_\_

MEET



**Multidisciplinary Evaluation/  
Eligibility Team (MEET)  
Sign-In Sheet**

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

	Printed Name	Signature	School/Department
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

NAME OF STUDENT: \_\_\_\_\_ MSIS NO. \_\_\_\_\_

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

## **DIRECTIONS FOR COMPLETING THIS FORM (DI-SE-F34)**

### **REPORT OF PHYSICAL OBSERVATIONS**

- 1 All items must be completed prior to the administration of ANY tests.**
- 2 Sections I - VI must be completed by a Registered Nurse or Physician.**
- 3 All items in Section I (REVIEW OF SYSTEMS) and items 5-14 in Section V (PHYSICAL ASSESSMENT) are to be marked as Normal ( ✓ ) or Abnormal ( ✕ ). Any items marked Abnormal in Sections I or V should be explained in Sections IV and VI, respectively**
- 4 Sections VII - X should be completed by the person(s) completing Sections I through VI.**
- 5 If there are any problems that might affect the child's performance on psychological and educational evaluations, they should be detailed in Section VII. Examples are: side effects of medications, and/or poor motor control.**
- 6 If there are problems that would require special planning for, or adaptations of, the child's program, they should be specified in Section VIII. Such problems might be evidenced by the need for braces or the need for a wheelchair.**
- 7 The Registered Nurse or Physician conducting the evaluation MUST sign and date this form in the space provided at the bottom.**
- 8 This form must be forwarded, along with the child's PPDS and all other required data, to the Screening Team, when Certification of Eligibility is being requested.**

**REPORT OF PHYSICAL OBSERVATIONS**

(See reverse side for directions for completing this form)

<b>NAME:</b>	<b>SCHOOL:</b>
<b>DATE OF BIRTH:</b>	<b>SCHOOL DISTRICT:</b> Greenville Public School District

LEGEND: Part I (1-9) and Part V (5-14)

☒ Normal☐ Abnormal

<b>I. Review of Systems</b>	1	<input type="checkbox"/>	HEENT	4	<input type="checkbox"/>	Genitourinary	7	<input type="checkbox"/>	Endocrine
	2	<input type="checkbox"/>	Cardiovascular	5	<input type="checkbox"/>	Musculoskeletal	8	<input type="checkbox"/>	Social & Developmental
	3	<input type="checkbox"/>	Gastrointestinal	6	<input type="checkbox"/>	Neuromuscular	9	<input type="checkbox"/>	Allergies
<b>II. Past Health History</b>									
<b>III. Family Health History</b>									
<b>IV. Comments on Deviation from Normal</b>									
<b>V. Physical Assessment</b>	1. Height		2. Weight		3. Head Circumference			4. Blood Pressure	
	5. HEENT				10. Genitalia				
	6. Mouth				11. Extremities				
	7. Chest				12. Back				
	8. Heart				13. Neurologic				
	9. Abdomen				14. Skin				
<b>VI. Comments on Deviation from Normal</b>									
<b>VII. Are there any health problems noted above that would interfere with or that should be considered when conducting individual intelligence and educational testing?</b>					<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, explain:		
<b>VIII. Are there any health problems which should be considered when planning or implementing an educational program?</b>					<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, explain:		
<b>IX. Are any restrictions on physical activities recommended?</b>					<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, explain:		
<b>X. Are any medications taken?</b>					<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, explain:		
<b>XI. Are there any findings that require follow-up?</b>					<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, explain:		
<b>XII. Other comments:</b>									
<b>EXAMINER:</b>					<b>DATE:</b>				



# CASE MANAGER FORM

	INITIAL EVALUATION
	In-State Re-Evaluation
	Out-of-State Re-Evaluation
	State-Mandated 3-Year Re-Eval

<b>Student:</b>
<b>School:</b>
<b>Case Manager:</b>

Date Completed	Initialed		Components
		1	Parent conference is held by a Parent Interviewer.
		2	Multidisciplinary Team is appointed.
		3	Comprehensive Assessment is conducted.
		4	Assessment data reports are compiled within the appropriate Timelines.
		5	Transmittal of data among multidisciplinary team occurs within timelines and presence/absence of a disability is determined.
		6	Assessment information and reports are compiled and Summary of Eligibility Report is written.
		7	IEP Committee is appointed.
		8	Notice of Committee Meeting is given to Parents and receipt verified and documented.
		9	Parents are given the opportunity to attend a meeting to develop the IEP.
		10	IEP is developed in a meeting with required personnel within 30-days of Eligibility Determination.
		11	Written parental permission is obtained for placement.
		12	Child is placed in appropriate program.
		13	Re-evaluation is conducted appropriately.
		14	Justification is on file any time Timelines are not met.

# CASE MANAGER FORM

## CONTACT LOG

**Documentation of successful/unsuccessful attempts to contact service providers and/or parents/guardians.**

Name of Student:

[illegible]

# DEVELOPMENTAL HISTORY

I. PERSONAL DATA				
A. Child's Name		B. Date of Birth	C. Age	D. Gender
E. Child's Address		City and State Greenville, MS		Zip Code
F. Child Lives With				
G. Referred by		H. Informant for this History		
II. HOME AND FAMILY INFORMATION				
A.	1. Mother's Full Name			2. Age
	3. Highest Level of Education Completed		4. Occupation	
	5. Employer		6. Work Phone	
B.	1. Father's Full Name			2. Age
	3. Highest Level of Education Completed		4. Occupation	
	5. Employer		6. Work Phone	
C.	Marital Status of Parents <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single			
D.	Others Living in the Home			
	Name	Age	Sex	Relationship
	1.			
	2.			
	3.			
	4.			
	5.			
E.	Native Language Spoken in the Home <input type="checkbox"/> English <input type="checkbox"/> Other: Please specify			
	F. Describe any changes in the <b>family situation</b> that might have affected your child's behavior.			
G.	What were the <b>changes</b> in your child's behavior?			

### III. EDUCATIONAL BACKGROUND

A.	1. Present Pre-School or Daycare	2. Phone
	3. Address	4. Teacher
B.	1. Previous Pre-School or Daycare	2. Phone
	3. Address	4. Teacher
C.	Did your child have any problems with peers, teacher(s), learning activities? <input type="checkbox"/> No. <input type="checkbox"/> Yes    Describe: _____	
D.	If your child did not attend Pre-School or Daycare, who took care of him/her?	
E.	Has your child previously been tested? If yes, how may we obtain these results? <input type="checkbox"/> No. <input type="checkbox"/> Yes    _____	

### IV. MEDICAL / PHYSICAL INFORMATION

A.	Were there any complications during the pregnancy? If yes, explain. <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
B.	Any childhood diseases? If yes, list them. <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
C.	Does your child have any health problems? If "yes," describe. <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
D.	Are there any medical reports available? If so, how may we obtain them? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
E.	Has your child ever received speech therapy, physical therapy, or occupational therapy? If so, which one(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
F.	Does your child take any medication(s)? If so, list medication, dosage, and reason for taking. <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
G.	1. Does your child's hearing seem to be normal? If not, Explain <input type="checkbox"/> Yes <input type="checkbox"/> No    _____	
	2. Does your child have frequent ear infections? If so, how often? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
	3. Does your child have tubes? If so, when was the surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
	4. Has your child's hearing ever been tested? If so, when and where? What were the results? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	
	5. Does your child wear hearing aids? If so, for how long? <input type="checkbox"/> No <input type="checkbox"/> Yes    _____	

HEARING

VISION	H.	1. Does your child's vision seem to be normal? If not, Explain	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		2. Has your child had a visual examination? If so, when and where?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
		3. Does your child wear glasses? If "yes", for what condition?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
MOTOR SKILLS	I.	1. Does your child exhibit any gross motor problems, i.e. difficulty walking, hopping, jumping, running, etc., as compared to other children his/her age? If "yes," describe.	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
		2. Does your child exhibit any fine motor problems, i.e., stacking blocks, buttoning, cutting, zipping, etc., as compared to other children his/her age? If "yes," describe.	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
<b>V. SOCIAL</b>			
	A.	Does your child do what adults tell him/her to do? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B.	Explain how your child gets along with:	
		a) siblings _____	
		b) other children _____	
		c) adults _____	
	C.	Does your child seem to enjoy:	
		a) playing alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		b) playing with other children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		c) being with adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D.	Does your child make friends easily? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SELF-HELP	E.	Check only those tasks that the child can perform <b>independently</b> :	
		<input type="checkbox"/> brushes teeth <input type="checkbox"/> puts shoes on correct feet <input type="checkbox"/> toilet trained during day <input type="checkbox"/> buckles belt <input type="checkbox"/> puts on socks <input type="checkbox"/> toilet trained at night <input type="checkbox"/> dries self with towel <input type="checkbox"/> puts on/pulls up pants <input type="checkbox"/> dresses self completely, except tying <input type="checkbox"/> feeds self with fork <input type="checkbox"/> holds cup by handle <input type="checkbox"/> removes clothing with front opening	
<b>VI. LANGUAGE AND SPEECH</b>			
	A.	Does your child seem to understand what is said to him?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	B.	Can you understand what your child says? If not, why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	C.	Can others understand what your child says? If not, why not?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	D.	How often does your child use speech?	<input type="checkbox"/> Occasionally <input type="checkbox"/> Frequently <input type="checkbox"/> Never
	E.	Does your child prefer speech or gestures?	<input type="checkbox"/> Speech <input type="checkbox"/> Gestures
	F.	Describe any additional language or speech problems you've noticed.	
		_____	
		_____	

## VII. COGNITIVE

A.	Can your child tell you...	a) his or her name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		b) his or her age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		c) his or her gender?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Check your child's abilities, compared to other children of his/her age			
	<input type="checkbox"/> Counts three objects	<input type="checkbox"/> Looks at books independently		
	<input type="checkbox"/> Counts to three	<input type="checkbox"/> Enjoys being read to		
	<input type="checkbox"/> Counts to 10	<input type="checkbox"/> Points to colors when named		
	<input type="checkbox"/> Identifies differences between short, tall, little, big, etc.			

## VIII. ADDITIONAL INFORMATION

A.	<b>Please provide any additional information that will help us to better understand your child.</b>	
B.	<b>What is the best time of day to contact you?</b>	<b>Contact number</b>
C.	<b>What is the best day and time to arrange a meeting with you?</b>	
D.	<b>INTERVENTIONS: (In-School, Pre-School, Ages 3-5 not enrolled in Kindergarten)</b> If interventions were conducted, attach intervention documentation.  If a team determined that interventions would be inappropriate, state reasons for that determination below: <div style="height: 100px; border-bottom: 1px solid black;"></div>	

Form completed by:	Date of completion:
--------------------	---------------------

# HEARING/VISION SCREENING RESULTS

DI-SE-F55

Revised. April 2014

Student Name:	Age:
School:	District: Greenville Public School District

## PART I

### A. HEARING SCREENING

Instrument:

	1st Screening	2nd Screening
PASS		
FAIL		
EXAMINER		
DATE		
Wait at least 3-5 days between 1st and 2nd screenings. A second screening must be failed before a specialist is contacted.  Height _____ Weight _____		

### B. VISION SCREENING

Instrument:

		1st Screening		2nd Screening	
Screened wearing glasses?		YES		YES	
		NO		NO	
Both Eyes					
Right Eye - Far Vision					
Left Eye - Far Vision					
Near Vision		PASS		PASS	
		FAIL		FAIL	
FIRST SCREENING	EXAMINER:				
	DATE:				
SECOND SCREENING	EXAMINER:				
	DATE:				

## PART II

If an attempt is made to condition a severely handicapped child for hearing/vision screening and no response can be obtained, then a quantitative description of the child's hearing/vision must be completed by an individual who works with the child.

### A. HEARING

EXAMINER:			
DATE:			
		YES	NO
1	Does subject respond to noise, i.e. ringing bell, rattle, etc.?		
2	Does subject respond to name when called?		
3	Does subject interact verbally or with gestures?		
4	Can subject identify body part on verbal command?		
5	Does subject respond to simple verbal commands?		
6	Can subject point to person or objects when asked?		
7	Is imitation of speech present?		
8	Does subject's eyes and/or head turn toward a voice?		
9	Does subject react to (not necessarily stop) an activity when he hears "No, no!"?		
10	Does subject attend to songs sung to him?		

### B. VISION

EXAMINER:			
DATE:			
		YES	NO
1	Does subject follow an object with eyes?		
2	When using a pencil, crayon, paintbrush, etc., does subject follow markings with his eyes?		
3	Does subject pick up objects from table or floor?		
4	Does subject reach for objects when handed to him?		
5	Does subject grasp objects unaided or without direction from teacher?		
6	Does subject look at an object when placed before him?		
7	Does subject look at pictures in a book?		
8	Do eyes and head turn toward a light that is introduced?		
9	Does subject watch own hand movements?		
10	Does subject look at self in mirror?		
11	Does subject use a visual searching technique when objects are placed out of sight?		

Describe additional behaviors in hearing/vision that should be considered in assessment and educational programming:

---



---



---

## **SUMMARY REPORT**

**STUDENT'S NAME:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**BIRTHDATE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**Date of Multidisciplinary Evaluation/Eligibility Team (MEET) Meeting** \_\_\_\_\_

### **A. PRESENT LEVELS OF PERFORMANCE**

#### **1 How is child's performance similar to typically developing children?**

(This section will answer the following questions: What has been covered in the classroom in the areas of reading, math, and writing? What has a majority of the class mastered? What has the student mastered?)

#### **2 How does the child's performance differ from that of typically developing children?**

(This section will answer the following questions: What is the student's age? What grade(s) has the child repeated? What specific problems is the student having in reading, math, and writing? What modifications have been made by the teacher? What are the instructional methods?)



## **SUMMARY REPORT (continued)**

### **3 Description of previous instruction in Reading and Math.**

#### **B. EDUCATIONAL NEEDS**

##### **1 Description of needs:**

- a.
- b.
- c.
- d.
- e.
- f.

##### **2 Consideration of special factors, Development of the IEP**

- a.
- b.
- c.