

SCHOOL AGE REPORT FORM

Child's Name: _____ DOB: ____/____/____

School: _____ Present Grade: _____

Regular Class Yes No Bilingual Class Yes No Special(Class): _____

I. **ATTENDANCE:** Full Day Half Day Good Fair Poor

II. **ACADEMIC ACHIEVEMENT:**

A. Please rate competency in each of the following areas:

Area	Grade equiv.	Performance as compared to typical students of same age			Unsatisfactory	Comments
		Above average	Average	Below average		
Word Recognition						
Reading Comprehension						
Math Operations						
Math Work Problem						
Spelling						
Written Language						
Others						

B. Overall Academic Achievement: Better than expected: _____

About what was expected _____ Less than expected: _____

C. Suggestion of perceptual problems? Yes No

If Yes, What? _____

III. **SPEECH AND LANGUAGE:**

Comprehension	Never	Sometimes	Usually
Understand what is said to him/her			
Requires simplification/repetition			
Understands directions			
Expression			
Uses age-appropriate vocabulary			
Uses complete sentences			
Language makes sense			

Speech: Normal Hard to understand Some articulation errors

Is there reason to think child might have hearing problems? _____

Is child bilingual? Yes No Other language? _____ Receiving ESL? Yes No

Can child be tested in English? Yes No

Child's Name: _____ DOB: ____/____/____

MOTOR COORDINATION:	Good	Fair	Poor
Fine Motor (hands) Coordination			
Gross Motor (body) Coordination			

IV. BEHAVIOR: (Please check whether the following characteristics are:

0 = Not true; 1 = Somewhat/Sometimes true; 2 = often/always true

	0	1	2		0	1	2		0	1	2
Happy				Argumentative				Fear full			
Polite				Uncontrollable				Moody			
Quiet				Easily frustrated				Shy			
Cooperative				Angry				Nervous			
Sad				Disruptive				Slow			

Comments and/or please describe any unusual or deviant behaviors: _____

V. SOCIAL SKILLS:

PEER RELATIONS: (Please all check appropriate descriptions)

- Initiates contact Take turns Has Friends Follows group norms Mean/Cruel
 Gets along well with peers Makes fun of others Plays with younger/smaller children
 Disinterested in other children, "loner" Provokes other children Dislike by other children
 Aggressive Willing follower

VI. TESTING: CSE/SBST evaluations Yes No If yes, please indicate type and dates, If known

Psychological: _____ Psychoeducational: _____ Speech/Language: _____

Citywide tests: Yes No Reading level: _____ Math level: _____

SPECIAL EDUCATIONAL SERVICES	Current	Past (Please indicate dates if known)
Resource Room		
Speech/Language		
Counseling		
Other		

VII. RELATIONSHIP TO TEACHER (ADULTS): (Please check all appropriate descriptions)

- Polite Aggressive Disobedient/Defiant Cooperative Eager to please

Comments: _____

VIII. NEXT SEMESTER'S PROPOSED SCHOOL PLACEMENT:

(Indicate grade and type of class)

COMMENTS:

A. What makes this child different form others in the classroom?

B. Do you feel this child needs special educational facilities?

C. Other: (Please feel to elaborate on any of the above point and/or make other comments).

CAP RATING SCALE

Date: ____/____/____

TABLE 3-3 CAP Rating Scale

Child's Name: _____ DOB: ____/____/____

Filled Out By: _____

Below is a list of items that describe pupils. Check whether each item is Not True, Somewhat or Sometimes True for this pupil now or within the past week. Please check all items as well as you can, even if some do not seem to apply to this pupil.

		Not True	Somewhat or Sometimes True	Very or Often True
1	Fails to finish things he/she starts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Can't concentrate, can't pay attention for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can't sit still. Restless, or hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Fidgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Daydreams or gets lost in his/her thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Impulsive or acts without thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Difficulty following directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Talk out of turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Messy work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Inattentive, easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Talks too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Fails to carry out assigned tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please feel free to write any comments about the pupil's work or behavior in the last week: _____

(PLEASE PRINT NAME)

(SIGNATURE OF PARTY COMPLETING FORM)

(TITLE)

(DATE)