**Cumulative Folder Review**

|  |  |
| --- | --- |
| Date |  |
| Student Name |  |
| Grade Level |  |
| Birth Date |  |
| Chronological Age |  \_\_\_\_\_ years, \_\_\_\_\_\_ months |
| Teacher Name |  |

Is this student age-appropriate for grade level? \_\_\_\_ yes \_\_\_\_ no

 If no, indicate why:

In the chart below, indicate school attended, number of days absent, and any special services received. (Speech/Language, Reading Support, Social Work, Resource, etc…)

|  |  |  |  |
| --- | --- | --- | --- |
| Grade | School Attended | # Absences | Special Services Received |
| K |  |  |  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |

In the chart below, indicate the average report card grades.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Grade | Reading | Math | Spelling | Writing | Science | Soc. Stu. | Other: |
| K |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |

In the chart below, record group testing results for the student, & salient comparison scores.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Grade | ISAT | CTBS | DIBELS/CBM Fall Winter Spring | Other: | Other: |
| K |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |

In the chart below, indicate any behavioral concerns noted in file.

|  |  |
| --- | --- |
| Grade | Behavioral Concerns Noted |
| K |  |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |
| 6 |  |
| 7 |  |
| 8 |  |
| 9 |  |
| 10 |  |
| 11 |  |
| 12 |  |

Specify any notable health history which you feel may be related to current referral concerns.

|  |
| --- |
|  |

Specify any known medications the student is currently taking.

|  |
| --- |
|  |

Please review any previous evaluations completed, and note relevant findings.

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