



Menominee County Intermediate School District

Special Education Services  
1201 – 41st Avenue  
Menominee, MI 49858

- ☐ Carney-Nadeau      ☐ Stephenson  
☐ North Central      ☐ Menominee  
☐ Other \_\_\_\_\_

**STUDENT DATA SHEET (K-12)**

**PERSONAL DATA**

Student's Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Parents/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**ACHIEVEMENT K-6 ONLY**

Approximate  
Grade Level

Approximate Grade Level Performance

Language Arts:

Reading

Spelling

Written Language

Mathematics

☐ Above    ☐ At    ☐ Below

☐ Above    ☐ At    ☐ Below

☐ Above    ☐ At    ☐ Below

☐ Above    ☐ At    ☐ Below

**TESTS**

Attach copies of results: MEAP, CAT, Stanford Achievement, AIMSWEB, DIBELS, PIAT, K-TEA-II Brief, Quick Phonics Screener, SLOSSON, Diagnostic Decoding Survey etc.

Name

Test Date

Results (%ile, Equivalent, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Previous referral/testing for Special Education Services ☐ Yes ☐ No If yes, date(s): \_\_\_\_\_

**HEALTH**

Date

Pass/Fail

Latest Hearing Screening

Latest Vision Screening

☐ On medication(s):

Name(s): \_\_\_\_\_

**ATTENDANCE**

Attach attendance record from CA-60

☐ Is seldom absent☐ Is frequently absent☐ Is frequently tardy

Number of schools attended: \_\_\_\_\_ Number of days: \_\_\_\_\_ Number of Retentions: \_\_\_\_\_

Comments: \_\_\_\_\_

**OTHER KNOWN AGENCY INTERVENTION\***☐ Mental Health☐ Health Department☐ Juvenile Department☐ Wrap Around☐ Other (Specify): \_\_\_\_\_

\*Attach copies of agency reports and/or secure "Release of Information" form.

1. List positive student classroom interests and behaviors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List alternative programming you might try in the future (do not include placement in special education):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Designate the direct/related services student is currently receiving:

☐ Remedial Reading☐ Remedial Math☐ Speech/Language Therapist☐ Tutor☐ Teacher Consultant☐ Occupational Therapist☐ Physical Therapist☐ School Social worker☐ Other: \_\_\_\_\_

4. Parent Input: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

Person Completing Form \_\_\_\_\_