

3. Most recent Standardized Testing Scores:

SUBJECT	Type of Test	Test Grade/Year	Stanine Score	NPR Score
Total Reading				
Total Math				
Total Lang. Arts				
Other				

4. Have you attached the Classroom Support Log? Yes No

TEACHER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY ADMINISTRATION:

1. Health and Medical Conditions Reported to the School:

2. Has the student had a formal professional assessment* (psycho-educational assessment)?

* from a medical doctor, licensed or credentialed psychologist, or as part of an IEP

Yes No Not Sure

A. If so, have the parents provided the school with a copy? Yes No

B. Name of assessor: _____ Location: _____ Phone: _____

Parent/Guardian Notification of Request to STEP meeting:

Contacted by: _____ Date contacted: _____

Person contacted: _____ Method: Phone Email Note

Second notification date: _____ Method: Phone Email Note

Scheduled STEP Meeting Date _____ Time _____ Location _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____