

School District of St. Croix Central

New Student Screening for Special Education & Other Student Services

(Interview of Student/Parent and Review of School Records by Counselor, Teacher or Administrator)

Student Name: _____ Age: _____ Grade: _____
 Date Entered School/Screening: _____

Previous School(s) Attended _____

Source: I-Interview R-Record	Area Screened:	Comments:	If Previously/Currently Diagnosed/Identified or Suspected, refer to:
	Physical Disability ___ Diagnosed ___ Suspected ___ Not Apparent		Occupational/Physical Therapist
	Cognitive Disability ___ Diagnosed ___ Suspected ___ Not Apparent		Cognitive Disabilities Teacher
	Hearing Impairment ___ Diagnosed ___ Suspected ___ Not Apparent		Hearing Impairment Teacher
	Vision Impairment ___ Diagnosed ___ Suspected ___ Not Apparent		Vision Impairment Teacher
	Speech and Language Disability ___ Diagnosed ___ Suspected ___ Not Apparent		Speech/Language Therapist
	Emotional/Behavioral Disability ___ Diagnosed ___ Suspected ___ Not Apparent		Emotional/Behavioral Disability Teacher
	Specific Learning Disability ___ Diagnosed ___ Suspected ___ Not Apparent		Specific Learning Disability Teacher
	Traumatic Brain Injury ___ Diagnosed ___ Suspected ___ Not Apparent		School Psychologist
	Autism ___ Diagnosed ___ Suspected ___ Not Apparent		School Psychologist
	Health Concerns ___ Yes, identify ___ No ___ Declined to answer		School Nurse (Note: Also refer those who declined to answer.)
	Gifted/Talented ___ Diagnosed ___ Suspected ___ Not Apparent		Gifted Resource Teacher
	Other (check all that apply) ___ Remedial Reading ___ Alternative School ___ Remedial Math ___ School Social Work ___ School Counseling ___ 504 Accommodation Plan ___ English as Second language (ESL) ___ Specify _____		Reading Specialist Teacher Principal School Counselor Social Worker/Counselor Principal/Assistant ESL Teacher

Do you suspect that your child may have a disability? ___ Yes ___ No

If yes, describe _____

Has your child ever been expelled from school (or otherwise forced to withdraw)? ___ Yes ___ No

Term of Expulsion _____ If yes, reason: _____

 Screened by (Signature and Title) _____ Date (check) _____ (initial)

 Parent/Guardian (Signature) _____ Date _____

Student/Parent Handbook Provided _____