**STUDENT DATA COVER SHEET (GOLD FOLDER)**

**Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Evaluation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local ID** #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender & Race**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of IEP**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exceptionality**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Grade**:\_\_\_\_\_\_ **Placement**: **Resource** \_\_\_\_\_  
 **Inclusion** \_\_\_\_\_   
 **Self – Contained** \_\_\_\_\_

**Parent / Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Telephone numbers** : Home: Cell: Work: .

**Emergency Contact** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ASSESSMENT LEVEL** | **INSTRUCTIONAL MINUTES** | **SERVICE MINUTES** |
| **Reading Fluency** \_\_\_ grade level  **Reading Comprehension** \_\_\_ grade level  **Math** \_\_\_ grade level | **Special Instruction/ Resource**  \_\_\_\_\_\_\_ mins \_\_\_\_\_\_ day/s  **Inclusion**:  \_\_\_\_\_\_\_ mins \_\_\_\_\_\_ days/s | **Speech**  \_\_\_\_\_\_ mins \_\_\_\_\_ day/s  **Occupational Therapy**  \_\_\_\_\_\_ mins \_\_\_\_\_ day/s  **APE**  \_\_\_\_\_\_ mins \_\_\_\_\_ day/s  **Hearing Impairment Services**  \_\_\_\_\_\_ mins \_\_\_\_\_ day/s  **Visual Impairment Services**  \_\_\_\_\_\_ mins \_\_\_\_\_ day/s |

**CURRENT PROGRESS MONITORING / ASSESSMENT INFORMATION**

\_\_\_\_\_ Brigance / DIBELS / Success Maker Summary Sheets

\_\_\_\_\_ 1st Six Weeks OR 1st Nine Weeks Report Card  
\_\_\_\_\_ 2nd Six Weeks OR 2nd Nine Weeks Report Card  
\_\_\_\_\_ 3rd Six Weeks OR 3rd Nine Weeks Report Card  
\_\_\_\_\_ 4th Six Weeks OR 4th Nine Weeks Report Card  
\_\_\_\_\_ 5th Six Weeks Report Card  
\_\_\_\_\_ 6th Six Weeks Report Card