

T.S.T. Student Assistance Application – Academic 2nd grade

Initial Meeting

Pathfinder Elementary

Copy of form must be provided to Mrs. Wazac 48 hours prior to meeting or meeting will be postponed. Please send home Parent Questionnaire when you begin filling out form. Please mark all areas in pen. Eyes and Ears have to be screened before TST meeting.

Student Name: _____ Grade: _____ Date of Meeting: _____

Age: _____ Date of Birth: _____ Current and Previous Teachers: _____

Dates of Parent Contact over specific concerns being referred to TST Committee: _____

Date that Parent Questionnaire was sent home: _____ Date Cumulative file was reviewed: _____

What are the Students Academic Strengths? _____

Areas of Concern (Please check the standard the student is struggling with. Please only check the standards you have covered in your class.)

Communication Arts

- | | |
|--|---|
| <input type="checkbox"/> decoding/word recognition | <input type="checkbox"/> spelling |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> vocabulary |
| <input type="checkbox"/> Key details in text | <input type="checkbox"/> main and supporting characters |
| <input type="checkbox"/> setting | <input type="checkbox"/> author's purpose |
| <input type="checkbox"/> Inferences | <input type="checkbox"/> main events |
| <input type="checkbox"/> Text features | <input type="checkbox"/> connections |
| <input type="checkbox"/> Main idea | <input type="checkbox"/> sentence structure and grammar |
| <input type="checkbox"/> Punctuation | <input type="checkbox"/> capitalization |
| <input type="checkbox"/> Opinion | <input type="checkbox"/> informative/explanatory |
| <input type="checkbox"/> Narrative | <input type="checkbox"/> writing |
| <input type="checkbox"/> speaking and listening | |

* If reading is the area of concern, please refer to both the appropriate "Reading Checklist" and the appropriate "Writing Checklist" to identify specific **strengths**.

Mathematics

- | | |
|--|---|
| <input type="checkbox"/> Read and write numbers | <input type="checkbox"/> compare numbers |
| <input type="checkbox"/> solve problems | <input type="checkbox"/> create, organize, and interpret data and graphs |
| <input type="checkbox"/> Extend & Create patterns | <input type="checkbox"/> regrouping with addition |
| <input type="checkbox"/> regrouping with subtraction | <input type="checkbox"/> solve 1 and 2 step problems |
| <input type="checkbox"/> Solve addition problems | <input type="checkbox"/> angles and faces |
| <input type="checkbox"/> 3D attributes | <input type="checkbox"/> fractions of shapes |
| <input type="checkbox"/> arrays | <input type="checkbox"/> time to the nearest 5 minutes |
| <input type="checkbox"/> Sum, total, and change from \$1 and \$5 | <input type="checkbox"/> estimate |
| <input type="checkbox"/> Measurement in a word problems | <input type="checkbox"/> appropriate standard and nonstandard measuring tools |
| <input type="checkbox"/> Addition fluency | <input type="checkbox"/> subtraction fluency |

T.S.T. Student Assistance Application

Initial Meeting

Pathfinder Elementary

Baseline Data (What Pre Assessment has been given) _____

Referring Students
Score/Percent

Classes Average Student
Score/Percent

Referring Students
Score/Percent

Classes Average Student
Score/Percent

Additional Information or Concerns (Parent Input, Attendance, Retentions, Number of Schools Attended, Family Issues, Social/Emotional) _____

Interventions used in classroom prior to TST meeting _____

STARR Reading Level: _____

Date of Test: _____

Medical Concerns/ Diagnosis: _____

Vision Screening Date: _____

Result: Pass or Fail

Hearing Screening Date: _____

Result: Pass or Fail

SAT 10(grade equivalency): _____

Grade Level Common Assessment(s): _____

AIMSWEB: _____

DRA: _____