

CONSIDERATION OF STUDENT BACKGROUND CHECKLIST

Student Name: _____ Teacher: _____ Grade: _____

DOB: _____ ESIS: _____ Parent Name/Number: _____

This worksheet is provided as a tool to determine whether each factor can be ruled out as the primary cause of a student's lack of progress within general education instruction and/or tiered interventions. Please refer to Consideration of Student Background document for detailed information in each category.			
Names of team members completing this checklist:			
Date checklist completed:			
	YES	NO	More info needed
Vision Screening – Date of Screening			
• Student's vision has been screened and is within normal limits			
• Student wears glasses			
• Student rescreened after glasses have been worn for 6-8 weeks			
• LCPS vision specialist consulted as appropriate			
Comments:			
Hearing Screening – Date of Screening			
• Student's hearing has been screened and is within normal limits			
• Student wears hearing aids			
• LCPS Audiologist consulted as appropriate (student wears hearing aids or has documented hearing loss)			
Comments:			
Motor Functioning			
• Does the student have a history of significantly delayed motor development?			
• Is there a medical diagnosis for a motor impairment that would affect the student's ability to learn or access general classroom instruction/intervention?			
• Have medical records been reviewed by appropriate staff?			
• Have any physical or motor impairments been observed or assessed?			
• Student exhibits an improper or non-functional pencil grip			
• Student uses assistive devices (e.g., pencil grip, weighted pens, slant board, etc.)			
• Student exhibits unusual gross motor patterns (e.g., gait, skipping, trips easily, drags feet, etc.)			
Comments:			
Cognitive and Adaptive Functioning			
• Student's developmental history indicates global delays in achieving milestones			
• Significant health history is documented (e.g., pre-natal concerns, serious illness or injury, medical diagnosis)			
• Student's performance is equally depressed in all academic areas			
• Student's adaptive/self-help skills appear age appropriate			
• Student is easily influenced by others			
• Student demonstrates difficulties at home, in school, and in the community			
If adaptive deficits are observed, mark applicable area(s): <input type="checkbox"/> Motor skills <input type="checkbox"/> Communication <input type="checkbox"/> Socialization <input type="checkbox"/> Daily Living Skills <input type="checkbox"/> Behavior/Emotional Skills <input type="checkbox"/> Other – explain:			
Comments:			
Social-Emotional/Psychological Functioning			
• Does the student exhibit behavioral/emotional difficulties that interfere with learning?			
• Does the student have a medical history and/or school history or emotional difficulties?			
• Has the student's language proficiency been ruled out as a factor? (Is there a lack of understanding resulting in inappropriate behavioral responses?)			
• If the answer to either of the first two questions above is "yes", has a Functional Behavior Assessment (FBA) been conducted?			
• If yes, results of FBA:			
Comments:			

	YES	NO	More info needed
Environmental/Economic Factors			
• Frequent transitions (e.g., shared custody, more than 2 schools in one school year, etc.)			
• Home responsibilities interfering with learning activities (e.g., caring for siblings while parents work)			
• Economic considerations preclude treatment of identified issues (e.g., replacing broken glasses, filling prescriptions, tutoring, etc.)			
• Family unable to afford enrichment materials and/or experiences			
• History of a lack of stable housing or homelessness			
• Caregivers unable to provide instructional support			
• Is there knowledge of any situational trauma (situations within the student's family that may contribute to a drop in academic performance e.g., death of family member, parental divorce, etc.)			
• Have there been any other changes in the household? (members moving out, new baby, etc.)			
• Has student's academic performance fallen dramatically within the last 3-6 months?			
Comments:			
Cultural Factors			
• Limited experiential background in majority based culture (have they attended community events, do they watch U.S. TV, listen to English language music, etc.)			
• Limited involvement in organizations and activities of any culture			
• Lack of or limited instruction in primary language (# of years _____)			
• Limited number of years in the United States (5 years or less)			
• Is there evidence of acculturative stress ("culture shock")			
• Parental educational levels estimated as (circle one): High (post-secondary) Moderate (high school or GED) Low (less than high school)			
Comments:			
Linguistic Factors			
• Is there a language other than English spoken by this student?			
• Is there a language other than English spoken in the student's home?			
• Has the student received academic instruction in a language other than English?			
• If yes, what language: Duration of instruction in other language: Other details of language instruction:			
• Has the student received English language acquisition support in accordance with district policy? How many years has the student received English language support:			
• Are there specific dialectical or cultural influences that would affect the student's ability to speak or understand English?			
• Has the student participated in language proficiency testing? If yes, list scores:			
• When compared to other English Language Learners with a similar language background, is this student's performance comparable?			
• Using the descriptions from the C-LIM, as found on the Consideration of Student Background document rate this student's cultural and linguistic level (circle one): Slightly Moderately Markedly			
• Is the student displaying behavioral difficulty, loss of interest in school, or general apathy?			
Comments:			
Physical Health			
• Is the student in generally good health?			
• Does the student have a medical diagnosis or chronic health condition that has the potential to affect academic performance?			
• If yes, has documentation been provided? (School nurse can request Mutual Exchange of Information.)			
• Does student make frequent visits to the school nurse? If yes, is there a pattern as to time of day and/or subject?			

Physical Health continued:	YES	NO	More info needed
<ul style="list-style-type: none"> Does the student take any medications? If yes, list type, dosage, frequency, duration: 			
<ul style="list-style-type: none"> If taking medication, have the impact of side effects on the student's performance been considered? 			
Comments:			
Instructional Factors			
<ul style="list-style-type: none"> Student has attended school regularly (absent less than 20 days per school year) If the student has a high absentee rate, what is the primary reason for absences: 			
<ul style="list-style-type: none"> Student has received tiered instruction and intervention in specific area(s) of deficit 			
<ul style="list-style-type: none"> Has student attended multiple schools in the last 2 years? 			
<ul style="list-style-type: none"> Student has been retained. If yes, in which grade _____ 			
<ul style="list-style-type: none"> Student has been accelerated or advanced. If yes, explain: 			
<ul style="list-style-type: none"> History of nontraditional curriculum (e.g., homeschooled) 			
<ul style="list-style-type: none"> Has student been enrolled in a dual language setting? 			
<ul style="list-style-type: none"> If student has been in dual language, what program (e.g., Gomez and Gomez, 90/10, etc.) 			
Comments:			
Motivational Factors			
<ul style="list-style-type: none"> Does the student attempt classroom assignments? 			
<ul style="list-style-type: none"> Does the student attempt homework assignments? 			
<ul style="list-style-type: none"> Does student's ability seem to be inconsistent with their performance? If yes, explain: 			
<ul style="list-style-type: none"> Are group achievement scores consistent with the student's observed abilities? 			
<ul style="list-style-type: none"> Does the student take medication that may impact motivation? 			

Follow-up or additional information or screening requested (list specific information and person responsible):

Name of person and area of expertise: (e.g., SLP, OT, PT, Diag, Audiologist, Vision Specialist, etc.)	Information or screening being requested:	Expected follow-up date:

Is the information collected within this checklist compelling enough to indicate that this student's classroom performance and deficits are primarily due to environmental, cultural, or economic disadvantage? A child whose lack of academic performance is primarily the result of the types of disadvantages listed above should not be referred for a special education evaluation before providing adequate educational opportunities and targeted remediation. If the interventions result in little to no progress, only then should a referral for a formal evaluation be considered.

Note: The presence of one or more of these factors may coexist with a special education exceptionality and **contribute** to the student's academic and learning difficulties; however, the team must determine if any of the above factors is the **primary** cause of a student's difficulties. In the case of a Specific Learning Disability (SLD), any factor judged to be the primary cause may exclude consideration of SLD.

Recommendations: