**History & Cumulative Review**

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| **Student** |  | | | **Age** | | **District/School** | |  | | | | **Grade** | | **Date** | | **Reviewer** |  |
|  | | | | | | | | | | | | | | | | | |
| **Records Available for Review** | | | | | | | | | | | | | | | | | |
| **Title** | | | | | | | | | | **Date** | | | | | | | |
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| **Social, Developmental, and Medical History** | | | | | | | | | | | | | | | | | |
| **Birth/Pregnancy** | | | | | | | | | | | | | | | | | |
| **☐** | | **Full Term** |  | | **☐** | | **No Complications** | | |  | **☐** | | **Premature** | **☐** | **C-Section** | |  |
|  | | | | | | | | | | | | | | | | | |
| **☐** | | **Complications at Birth** | | |  | | **☐** | | **Additional Information:** | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **Developmental Milestones** | | | | | | | | | | | | | | | | | |
| **☐** | | **Within Normal Limits** | | |  | |  | |  |  |  | |  |  |  | |  |
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| **☐** | | **Delay In:** |  | | **☐** | | **Crawling** | | **☐** | **Walking** | **☐** | | **Talking** | **☐** | **Toileting** | |  |
|  | |  | | | | | | | | | | | | | | | |
| **☐** | | **Loss of Language Skills** | | | | |  | | **☐** | **Other:** | | | | | | | |
|  | |  | | | | | | | | | | | | | | | |
| **☐** | | **Additional Information:** | | | | | | | | | | | | | | | |
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| **Family History** | | | | | | | | | | | | | | | | | |
| **☐** | | **Dyslexia** |  | | **☐** | | **Learning Problems** | | | **☐** | **Mental Health Diagnosis ☐** | | | | **Divorce** | |  |
|  | |  | | | | | | | | | | | | | | | |
| **☐** | | **Death** |  | | **☐** | | **Separation** | |  | **☐** | **Family Violence** | | | **☐** | **Autism** | |  |
|  | |  | | | | | | | | | | | | | | | |
| **☐** | | **Fatal/Chronic Illness** | | | **☐** | | **Substance Abuse** | | | **☐** | **Incarceration** | | | **☐** | **Physical Abuse** | | |
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| **☐** | | **Sexual Abuse** | | | **☐** | | **Other:** | | | | | | | | | | |
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| **☐** | | **Additional Information:** | | | | | | | | | | | | | | | |
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| **Social / Cultural** | | | | | | | | | | | |
| **☐** | **Who lives in the home?** | | | | | | | | | | |
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| **☐** | **Siblings (Name / Age / Gender)** | | | | | | | | | | |
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| **☐** | **Student’s Strengths:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **☐** | **Interests** (may be things he/she talks about or plays with excessively): | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **☐** | **Additional Relevant Information:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **Loss of Skills** | | | | | | | | | | | |
| **☐** | **Loss of Language Skills** | | | **If so, noticed loss at age:** | | |  |  |  |  |  |
|  |  | | | | | | | | | | |
| **☐** | **Loss of Social Skills** | | | **If so, noticed loss at age:** | | |  |  |  |  |  |
|  |  | | | | | | | | | | |
| **☐** | **Loss of Self Care Skills** | | | **If so, noticed loss at age:** | | |  |  |  |  |  |
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| **☐** | **No report of this found in records** | | |  |  |  |  |  |  |  |  |
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| **Hospitalizations / Surgeries / Injuries** | | | | | | | | | | | |
| **Dates** | | | | | | **Surgery / Injury** | | | | | |
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| **Allergies** | | | | | | | | | | | |
| **Are there any known allergies?** | | | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |
|  | | | | | | | | | | | |
| **If yes, please describe:** | | | | | | | | | | | |
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| **Abuse / Neglect** | | | | | | | | | | | |
| **Are there any reports of physical or sexual abuse or neglect or failure to thrive? ☐ Yes** | | | | | | | | **☐ No** | **☐ Unknown** | |  |
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| **If yes, please provide additional information:** | | | | | | | | | | | |
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| **Was DHS involved?** | | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |
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| **If yes, please note date / year of school:** | | | | | | | | | | | |
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| **Health Problems** | | | | | | | | | | | |
| **Review current and past information of any medical problems (ex., asthma, seizures, surgeries) and consider if / how the health problems could be contributing to the current problem.** | | | | | | | | | | | |
| **Describe, if any, the impact or contribution of the health factors.** | | | | | | | | | | | |
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| **Are there any current and/or past known medical problems that may be contributing to the current problem?** | | | | | | | | |  |  |  |
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|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
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| **If yes, describe the impact of the health factors:** | | | | | | | | | | | |
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| **Do health problems contribute to the attendance problem?** | | | | | | | | | | | |
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|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
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| **If yes, describe how health problems have contributed:** | | | | | | | | | | | |
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| **Sleep Concerns** | | | | | | | | | | | |
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|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
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| **Medical Concerns / Diagnoses** | | | | | | | | | | | |
| **List any known medical and/or mental health concerns:** | | | | | | | | | | | |
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| **Medication** | | | | | | | | | | | |
| **List all known current medications** | | | | | | | | | | | |
| **Name of Medication** | | | **Prescribed For** | | **Date Prescribed/** | | **Change in Meds or** | | **Side Effects that Might Contribute** | | |
| (Dosage / Frequency) | | | (Diagnosis) | | Prescribing Doctor | | **Increase / Decrease** | | **to the Medical Problem** | | |
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| **Educational History / Test Scores** | | | | | | | | | | | |
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| **School History Sequence** | | | | | | | | | | | |
| **List every year and location** | | | | | | | | | | | |
| **Year** | **Grade** | **School / District / State** | | | **Gen Ed** | **Sp Ed** | **Grade**  **Repeated** | **Comments: Include Homebound / ALE / TDT/**  **Residential / Hospitalization / Mobile Assessment Dates** | | | |
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| **Intellectual Functioning** | | | | | | | | | | | |
| **Date** | | **Current Assessment (within last 3 years)** | | | | | **Standard Scores** | | | | |
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| **Achievement Testing** | | | | | | | | | | | |
| **Date** | | **Current Assessment (within last 3 years)** | | | | | **Skill Area / Standard Scores** | | | | |
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| **Current Academic Functioning** | | | | | | | | | | | |
| **Date** | | **Source (State Standardized Assessments, Dibels, etc.)** | | | | | **Level (Grade / Age / Standard Score / %)** | | | | |
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| **Language / Communication** | | | | | | | | | | | |
| **Describe how this student uses language to get his/her needs met:** | | | | | | | | | | | |
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| **Describe how language or communication deficits could be contributing to the problem:** | | | | | | | | | | | |
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| **Date** | | **Current Assessment (within last 3 years)** | | | | | **Standard Scores** | | | | |
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| **Motor Skills** | | | | | | | | | | | |
| **Describe any motor deficits that could be contributing to the problem behavior:** | | | | | | | | | | | |
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| **Date** | | **Current Assessment (within last 3 years)** | | | | | **Standard Scores** | | | | |
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| **Attendance Discipline Problems** | | | | | | | | | | | |
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| **Attendance** | | | | | | | | | | | |
| **Is attendance a problem?** | | | **☐** | **Yes** | **☐** | **No** |  |  |  |  |  |
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| **Tardies: Arrival to school and /or on time to class:** | | | | | | | | | | | |
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| **Number of days missed:** | | |  |  |  |  |  |  |  |  |  |
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| **Discipline Records** | | | | | | | | | | | |
| **(If available in computerized report, attach a copy to this form)** | | | | | | | | | | | |
| **Date** | | **Reason given for office/discipline referral** | | | | **DET = Detention** | | | **Additional Information Needed** | | |
|  | |  | | | | **ISS = In-School Suspension** | | |  | | |
|  | |  | | | | **OSS = Out-of-School Suspension** | | |  | | |
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| **Manifestation Determination this Year?** | | | |  |  |  |  |  |  |  |  |
| **☐** | **Yes** | **☐** | **No** | **If yes, explain the results:** | | | | | | | |
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| **IEP Review** | | | | | | | | | | | |
| **(If IEP-At-A-Glance is used, please attach a copy to this form)** | | | | | | | | | | | |
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| **Disability Information** | | | | | | | | | | | |
| **Please identify the area of eligibility / disability and explain how the disability affects academics, communication, social functioning, and behavior** | | | | | | | | | | | |
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| **Accommodations / Modifications** | | | | | | | | | | | |
| **List** | | | | | | | | | | | |
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| **Current Related Services** | | | | | | | | | | | |
| **List** | | | | | | | | | | | |
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|  |  |  |  |  | **FBA and /or BIP** | |  |  |  |  |  |
|  |  |  |  | **Previous or Current FBA** | | | |  |  |  |  |
|  |  |  | **☐** | **Yes** |  |  | **☐** | **No** |  |  |  |
|  |  |  |  |  | **If yes, list below** | |  |  |  |  |  |
| **Dates** | | **Target Behavior** | | | | | **Function** | | | | |
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|  |  |  |  | **Previous or Current BIP** | | | |  |  |  |  |
|  |  |  | **☐** | **Yes** |  |  | **☐** | **No** |  |  |  |
|  |  |  |  |  | **If yes, list below** | |  |  |  |  |  |
| **Date** | | **Goals** | | | | | **Data** | | | | |
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| **Outside Agencies** | | | | | | | | | | | |
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| **Evaluation** | | | |  | **Date** | | **Results** | | | | |
| **Psychological Evaluation** | | |  |  |  | |  | | | | |
| **Mental Health / Psychiatric Evaluation** | | | |  |  | |  | | | | |
| **Occupational Therapy Evaluation** | | | |  |  | |  | | | | |
| **Physical Therapy Evaluation** | | |  |  |  | |  | | | | |
| **Other:** | | | | |  | |  | | | | |
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| **Additional Information:** | | | | |  | |  | | | | |
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|  |  |  |  |  | **Other Factors** | |  |  |  |  |  |
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| **☐** | **Visual Disability** | |  |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **☐** | **Motor Disability** | |  |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **☐** | **Behavioral Factors** | |  |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
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| **☐** | **Cultural Factors** | |  |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
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| **☐** | **Environmental Factors** | | |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **☐** | **Limited English Proficiency** | | |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** | | | | | | | | | | |
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