**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** |  |  |  |  |  |  |  |  |  |
|  |  |
| **☐** | **Delay In:** |  | **☐** | **Crawling** | **☐** | **Walking** | **☐** | **Talking** | **☐** | **Toileting** |  |
|  |  |
| **☐** | **Loss of Language Skills** |  | **☐** | **Other:** |
|  |  |
| **☐** | **Additional Information:** |
|  |  |
| **Family History** |
| **☐** | **Dyslexia** |  | **☐** | **Learning Problems** | **☐** | **Mental Health Diagnosis ☐** | **Divorce** |  |
|  |  |
| **☐** | **Death** |  | **☐** | **Separation** |  | **☐** | **Family Violence** | **☐** | **Autism** |  |
|  |  |
| **☐** | **Fatal/Chronic Illness** | **☐** | **Substance Abuse** | **☐** | **Incarceration** | **☐** | **Physical Abuse** |
|  |  |
| **☐** | **Sexual Abuse** | **☐** | **Other:** |
|  |  |
| **☐** | **Additional Information:** |
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| **Social / Cultural** |
| **☐** | **Who lives in the home?** |
|  |  |
| **☐** | **Siblings (Name / Age / Gender)** |
|  |  |
| **☐** | **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:** |  |  |  |  |  |
|  |  |
| **☐** | **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:** |
|  |
| **Abuse / Neglect** |
| **Are there any reports of physical or sexual abuse or neglect or failure to thrive? ☐ Yes** | **☐ No** | **☐ Unknown** |  |
|  |
| **If yes, please provide additional information:** |
|  |
| **Was DHS involved?** | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |
|  |
| **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.** |
|  |
| **Are there any current and/or past known medical problems that may be contributing to the current problem?** |  |  |  |
|  |
|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
|  |
| **If yes, describe the impact of the health factors:** |
|  |
| **Do health problems contribute to the attendance problem?** |
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|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
|  |
| **If yes, describe how health problems have contributed:** |
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| **Sleep Concerns** |
|  |
|  | **☐** | **Yes** | **☐** | **No** | **☐** | **Unknown** |  |  |  |  |  |
|  |
| **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** |
|  |
| **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:** |
|  |
| **Describe how language or communication deficits could be contributing to the problem:** |
|  |
| **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:** |
|  |  |
| **☐** | **Cultural Factors** |  |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** |
|  |  |
| **☐** | **Environmental Factors** |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** |
|  |  |
| **☐** | **Limited English Proficiency** |  |  |  |  |  |  |  |  |
|  | **If yes, please describe:** |
|  |  |