**2e On Demand Student Study Form**

Read instructions carefully.

The goal of this document is to practice collecting important information about a student and then using the data to help inform programming decisions for this student.

Be sure you are protecting in personally identifiable information (PII).

\*Please note that the box will expand as you write

**Section 1: Student Introduction**

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| In a narrative below, describe your student.Name: Click or tap here to enter text.Grade or Age: Click or tap here to enter text.**Characteristics/Behaviors that (may) indicate giftedness:****Characteristics/Behaviors that (may) indicate a disability/disorder:** |

**Who is on the Team:**

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| CDE: Gifted Education: <http://www.cde.state.co.us/gt>Special Education: <http://www.cde.state.co.us/cdesped>Your district’s name: Click or tap here to enter text.Your district’s Gifted Education Website URL: Click or tap here to enter text.Your district’s Special Education Website URL: Click or tap here to enter text.**How do you communicate with your gifted and special education departments? Be specific.****List below who should be part of the team gathering data and making decisions about your students.**  |

**Section 2: Data**

Fill out as much of this data as possible. Checkboxes are active.

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| **If your student has any of the following plans, check the box and describe goals and/or strategies already used with the student below the plan.**[ ] 504 Plan Goals/Strategies:[ ]  IEP (Identified for Special Education)Goals/Strategies:[ ] ALP (Identified Gifted)Goals/Strategies:[ ] RtIGoals/Strategies:[ ] ELL (English Language Learner)Goals/Strategies:[ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Goals/Strategies: |

**Social & Emotional Needs**

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| Concerns: |
| Past Strategy/Intervention/Program Student Outcomes |

Current Assessment Results

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| --- | --- | --- | --- |
| Subject | Year/Test/Result | Year/Test/Result | Year/Test/Result |
| Reading |  |  |  |
| Math |  |  |  |
| Writing |  |  |  |
| Universal Screening, e.g., CogAT, NNAT, etc. |  |  |  |
| Individualized Testing, e.g., WISC, ASD tools, etc. |  |  |  |
| Other  |  |  |  |

**Current School Performance**

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| --- | --- | --- | --- |
| **Class** | **Teacher** | **Grade** | **Comments** |
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**Section 3**

**Parent/Teacher/Student Interview Questions** – Ideally you would gather as much of this data from the 3 people as possible.

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| Questions | **Parent** | **Teacher** | **Student** |
| 1. What is the student good at?
2. What does he/she like to do in their spare time?
3. What is hard for him/her?
4. Does the student like school? What do they like or dislike about it?
5. Has the student had any testing done outside of school?
6. What do you wish teachers/parents knew about the student?
7. What is the best thing about the student?
8. What else would you like me to know about the student that might help me work more effectively with them?
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**Observational Checklist --** Use this checklist to gather as much observational data about your student as you can. In each category, elaborate on your student’s strengths and challenges.

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|  | **Strengths Elaborated** | **Challenges Elaborated** |
| *Use data above - some of this data can be perceived.)* **General Intellectual Ability** *best found on universal screening tools such as CogAT or NNAT or individual testing such as WISC***Cognitive Processing**Processing* Speed
* Visual
* Auditory
* Sequential
* Conceptual/Holistic

Attention (including ADHD)MemoryExecutive FunctioningOther |  |  |
| **Specific Academic**ReadingReading fluencyWritingWriting fluencyMathMath fluencyScienceSocial StudiesOther |  |  |
| **Creativity**Creative thinkingCreative productivityCreative problem-solvingRisk-takingOther |  |  |
| **Visual/Spatial/Performing Arts**Visual perceptionSpatial perceptionMusical/RhythmicBodily/KinestheticOther |  |  |
| **Physical/Psychomotor**Sensory integrationHearingVisionBodily/KinestheticAthleticsOther |  |  |
| **Interpersonal/Leadership**CommunicatingUnderstanding othersPeer relationsSelf-advocacyOther |  |  |
| Intrapersonal/Social-Emotional\_\_\_\_\_\_\_ Understanding self\_\_\_\_\_\_\_ Introspection/Reflection\_\_\_\_\_\_\_ Perfectionism\_\_\_\_\_\_\_ Coping \_\_\_\_\_\_\_ Resiliency\_\_\_\_\_\_\_ Behavioral issues\_\_\_\_\_\_\_ Other |  |  |

**Synthesis** - using all the data above, including answers to the interview questions, synthesize students’ strengths, interests, and challenges below.

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| **Student Strengths** |  |
| **Student Interests** |  |
| **Student Challenges** |  |

**Dual Differentiation**

**Strength-based goal planning**

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| Now, consider your role in helping to nurture and develop your student’s strengths. Create a goal for developing at least one strength. This goal must be one that can be measured; you must have a way to know if the student has reached the goal. If the student already has an ALP goal, you can choose to use that goal by articulating it here and elaborating on what will be your role with the student or the staff to ensure the student meets the goal.Many educators are so conditioned to make goals around a student’s deficits/challenges that they often make such a goal here. Your facilitator cannot give you points for this section unless the goal is designed to develop the student’s STRENGTH (not an indirect way to support a challenge area) AND the goal is measurable. (The best goals are SMART goals. If you didn’t watch the Khan video on [SMART goals](https://www.khanacademy.org/college-careers-more/learnstorm-growth-mindset-activities-us/elementary-and-middle-school-activities/setting-goals/v/learnstorm-growth-mindset-how-to-write-a-smart-goal) in the course, you might consider watching it now.) Strength Goal:How will the goal be measured? By whom? When?  |

**Supporting the Challenges**

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| List 2 accommodations, modifications, or interventions to support your student’s learning in their area of disability/disorder. | Disability/Challenge Area:1st Accommodation/Modification/Intervention:2nd Accommodation/Modification/Intervention: |

**Below is for additional information you may find it helpful to collect when working with a student .**

**Health History**

Number of School Nurse/Clinic Visits: \_\_\_\_\_\_\_\_\_ (if applicable)

Hearing Assessment: Y [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N [ ]  Unknown [ ]

Vision Assessment: Y [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_N [ ]  Unknown[ ]

**If known:**

* **Significant Medical History \_\_\_\_\_\_\_ Y** [ ]  **N** [ ]  **Unknown** [ ]
* **Physical Health Concerns \_\_\_\_\_\_\_ Y** [ ]  **N** [ ]  **Unknown** [ ]
* **Mental Health Concerns \_\_\_\_\_\_\_ Y** [ ]  **N** [ ]  **Unknown** [ ]

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| **Explain Above:** |

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| Attendance concerns: (yes or no) \_\_\_\_\_\_\_\_\_\_Number of days missed this year: \_\_\_\_\_\_\_\_\_\_ |
| Grades repeated / skipped: \_\_\_\_\_\_\_\_\_\_ |

**Current or past strategies/interventions/accommodations/special programs used with student**

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| --- | --- | --- | --- |
| **Concern** | **Strategy/Intervention/Program** | **Dates** | **Student Outcomes** |
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**IEP**

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| --- | --- | --- | --- |
| **Goal(s)** | **Date** **Implemented** | **Progress** **(Y/N)** | **Comments** |
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**ALP**

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| **Goal(s)** | **Date** **Implemented** | **Progress** **(Y/N)** | **Comments** |
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**Learning Style Observations:(Include information gathered from the multiple intelligences and learning interest inventories completed with the student)**

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**Social & Emotional Needs**

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| **Noted Behavior Concerns:** |
| **Discipline History (You might need to collaborate with your counselors and/or administration on this.)** |
| **Behavior Intervention Plan \_\_\_\_\_\_\_\_\_\_ Y** [ ] **N** [ ]  **Unknown** [ ]  **(if yes, summarize)** |
| **Discipline History (You might need to collaborate with your counselors and/or administration on this.)** |

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| **Summary of Concerns, including Social-Emotional (Affective) Concerns:** |

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| The best goals are S.M.A.R.T. (Specific, Measurable, Actionable (sometimes achievable), Realistic (sometimes relevant), and Timely (sometimes time-bound). The questions below will guide you as you create your goal.**What will be done?****Who will do the intervention?****How often?**   **For how long/Duration/**I**ntensity?****Student/teacher ratio** **How will progress be monitored?****What level of mastery or proficiency is expected?****What materials will be needed?** |