



FLORIDA CERTIFICATION OF IMMUNIZATION
 Legal Authority: sections 232.032, 402.305, 402.313, Florida Statutes;
 rules 64D-3.011, 65C-22.006, 65C-20.011, Florida Administrative Code

<div style="background-color:black; width:100%; height:20px; margin-bottom:5px;"></div> LAST NAME	<div style="background-color:black; width:100%; height:20px; margin-bottom:5px;"></div> FIRST NAME	<div style="background-color:black; width:100%; height:20px; margin-bottom:5px;"></div> MI	<div style="background-color:black; width:100%; height:20px; margin-bottom:5px;"></div> DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID#¹	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (DH 680, Part A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP ²	A					
DT ³	B					
Td ⁴	C					
Polio ⁵	D					
Hib ⁶	E					
MMR (Combined) ⁷	F					
(Separate) ⁸	G,H,I					
Hepatitis B ⁹	J					
Varicella ¹⁰	K					
Varicella Disease	L					
Year						

- 1 The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- 2 DTP/DTaP 5 doses required. If the 4th primary dose is administered on or after the 4th birthday a 5th dose is not required.
- 3 DT (pediatric) is acceptable if pertussis vaccine is medically contraindicated. (Complete Part C for pertussis contraindication)
- 4 Td (adult) vaccine is recommended for children 7 years of age or older.
- 5 Polio 4 doses required. If the 3rd dose in an all OPV or all IPV series is administered on or after the 4th birthday, a 4th dose is not required. Polio vaccine is not required for children 18 years of age or older.
- 6 Hib is required for child care, family day care and preschool entry and attendance only.
- 7 First dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A 2nd dose of measles (preferably MMR) is required for students in grades K-6 and 7th grade entry and attendance effective with the 1997/1998 school year. In each subsequent year thereafter, the next highest grades are included.
- 8 Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
- 9 Hepatitis B vaccine series is required for 7th grade entry and attendance effective with the 1997/1998 school year and kindergarten entry and attendance effective with 1998/1999 school year. In each subsequent year thereafter the next highest grades are included. Hepatitis B vaccine series is required for preschool entry and attendance effective with the 2001/2002 school year.
- 10 Varicella is required for entry and attendance in child care and family day care effective July 1, 2001. Varicella vaccine is required for entry and attendance in preschool and kindergarten effective with the 2001/2002 school year. In each subsequent year thereafter, the next highest grades are included. Susceptible children 13 years of age or older should receive 2 doses, given at least 4 weeks apart. Varicella vaccine is not required if child has documentation of history of varicella disease.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

Certificate of Immunization for K-12 Excluding 7th Grade Requirements

PART A-1 (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

I have reviewed the records available and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) and varicella, varicella vaccine not indicated if history of disease either physician documented or parental recall (for kindergarten effective with the 2001/2002 school year) for school attendance as documented on the reverse side of this form.

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: _____

Certificate of Immunization Supplement for 7th Grade Requirement

PART A-2 (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form.

Physician or Clinic Name: _____
(Print or stamp)

Physician or Authorized Signature: _____

Address: _____

Date: 7/9/02

Temporary Medical Exemption

PART B (For children in child care, family day care, preschool and grades kindergarten through 12 who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.

Physician or Clinic Name: _____
(Print or stamp)

Expiration Date: _____
(15 days after next immunization appointment)

Address: _____

Physician or Authorized Signature: _____

Date: _____

Permanent Medical Exemption

PART C For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name: _____
(Print or stamp)

Physician Signature: _____

Address: _____

Date: _____



STUDENT HEALTH EXAMINATIONS

Date 7-9-02
Sex female

Student's Full Name [Redacted] Phone [Redacted] Age 12yr.
Address [Redacted] Birthdate [Redacted]
Name of Parent or Guardian [Redacted] School [Redacted]

A. HEALTH EXAMINATION

Height [Redacted] Weight [Redacted] Blood Pressure [Redacted]

(√) Normal=N; Abnormal=A	N	A	COMMENT: Abnormal Findings, by number
1. Appearance	✓		[Redacted]
2. Skin/Nose	✓		
3. Head/Scalp	✓		
4. Eyes	✓		
5. Visual Acuity (R & L)	✓		
6. Ears	✓		
7. Auditory Acuity (R & L)	✓		
8. Nose / Throat	✓		
9. Mouth, Teeth and Gums	✓		
10. Chest / Lungs	✓		
11. Heart	✓		
12. Abdomen	✓		
13. Genitals and Anus	✓		
14. Musculo-Skeletal	✓		
15. Neurological	✓		
16. Alertness	✓		
17. Emotional / Mental/ Behavior Prob.)	✓		
18. Handicap, physical/ other (Specify)	✓		
19. Activity Restrictions (Specify)	✓		
20. Abuse, substance/ physical / emotional	✓		
21. Nutrition	✓		
22. Other			

B. HEALTH HISTORY (Serious Illnesses Injuries: explain)

(attach narrative if additional space needed)

C. LABORATORY

Hemoglobin/Hematocrit [Redacted] Stool (O & P) [Redacted] Tuberculin test: [Redacted]
Lead [Redacted] Sickle Cell [Redacted]

NAME [Redacted] TITLE [Redacted] ADDRESS [Redacted]
(Please print name and address)
Authorized Signature [Redacted] Date 7-9-02



STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
STUDENT HEALTH EXAMINATIONS

Date 11/3/95
Race Hispanic Sex F

Student's Full Name _____ Phone _____ Age 5
Address _____ Birthdate _____
Name of Parent or Guardian _____ School _____

A. HEALTH EXAMINATION

Height _____ Weight _____ Blood Pressure _____

(✓) Normal=N; Abnormal=A	N	A	COMMENT: Abnormal Findings, by number
1. Appearance			
2. Skin/Nose			
3. Head/Scalp			
4. Eyes			
5. Visual Acuity (R & L)			
6. Ears			
7. Auditory Acuity (R & L)			
8. Nose / Throat			
9. Mouth, Teeth and Gums			
10. Chest / Lungs			
11. Heart			
12. Abdomen			
13. Genitals and Anus			
14. Musculo-Skeletal			
15. Neurological			
16. Alertness			
17. Emotional / Mental/ Behavior Prob.)			
18. Handicap, physical/ other (Specify)			
19. Activity Restrictions (Specify)			
20. Abuse, substance/ physical / emotional			
21. Nutrition			
22. Other			

B. HEALTH HISTORY (Serious illnesses injuries: explain) _____

(attach narrative if additional space needed)

C. LABORATORY (as indicated)

Hemoglobin/Hematocrit _____ Stool (O & P) _____ Tuberculin test: _____
Lead _____ Sickle Cell _____

NAME: _____
TITLE: _____
ADDRESS: _____
(Please Print)

11/3/95
Date



FLORIDA CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A) (1+)

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

DATE OF BIRTH

CHILD'S NAME (PRINTED)

SS#

MO DA YR

PARENT OR GUARDIAN

DOCTOR: PART A OF THIS FORM IS USED ONLY IF THE CHILD HAS RECEIVED ALL REQUIRED IMMUNIZATIONS LISTED BELOW. IF NOT, SEE REVERSE SIDE.

DTP - 5 DOSES REQUIRED (A*)

IF THE FOURTH PRIMARY DOSE OF DTP IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FIFTH DOSE IS NOT REQUIRED.
DT (PEDIATRIC) VACCINE IS ACCEPTABLE IF PERTUSSIS VACCINE IS MEDICALLY CONTRAINDICATED. (COMPLETE PART C FOR PERTUSSIS CONTRAINDICATION.) (B*)
Td (ADULT) VACCINE (A SERIES OF 3 DOSES) IS ACCEPTABLE AND RECOMMENDED FOR CHILDREN 7 YEARS OF AGE OR OLDER. (C*)

POLIO (OPV) - 4 DOSES REQUIRED (D*)

IF THE THIRD PRIMARY DOSE OF OPV IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FOURTH DOSE IS NOT REQUIRED.
IPV IS AN ACCEPTABLE ALTERNATIVE IF OPV IS NOT INDICATED.
POLIO VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS OF CHILDREN 18 YEARS OF AGE OR OLDER.

MEASLES, MUMPS, AND RUBELLA - 2 DOSES REQUIRED FOR MEASLES
1 DOSE REQUIRED FOR MUMPS AND RUBELLA

MMR COMBINED - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS); (F*)
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

-OR-
MEASLES SINGLE - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS); (G*)
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

MUMPS SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (H*)

RUBELLA SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (I*)

ALL APPROPRIATE DOSES AND DATES INCLUDING BIRTHDATE MUST BE ENTERED, AND THE CERTIFICATE SIGNED BELOW BY A PHYSICIAN OR AUTHORIZED PERSON AND DATED IN ORDER FOR THE CHILD TO ATTEND SCHOOL.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE THE ABOVE NAMED CHILD HAS BEEN PROTECTED AGAINST DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, MEASLES, MUMPS, AND RUBELLA AS REQUIRED BY FLORIDA LAW FOR SCHOOL ATTENDANCE.

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

DATE

11/6/95

DE AUTOMATED STUDENT DATA BASE CODES: * IMMUNIZATION STATUS CODE / * VACCINATION CODE

CHILD'S NAME (PRINTED)

SS#

DATE OF BIRTH

MO	DA	YR
----	----	----

PARENT OR GUARDIAN

DOCTOR: IF THE CHILD HAS NOT RECEIVED THE REQUIRED DOSES LISTED IN PART A, PLEASE COMPLETE PART B OR PART C, AS APPROPRIATE, AND SIGN AND DATE.

TEMPORARY MEDICAL EXEMPTION (HRS 680 – PART B) (2⁺)

FOR PRESCHOOL CHILDREN AND FOR SCHOOL CHILDREN WITHOUT ALL IMMUNIZATIONS REQUIRED IN PART A

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED THE IMMUNIZATIONS LISTED BELOW AND HAS COMMENCED A SCHEDULE TO COMPLETE THE REQUIRED IMMUNIZATIONS. ADDITIONAL IMMUNIZATIONS ARE NOT MEDICALLY INDICATED AT THIS TIME.

		#1	#2	#3	#4	#5
TYPE VACCINE	CODES*	DATE (MO/DA/YR)				
DTP	A					
DT	B					
Td	C					
POLIO	D					
Hib	E					
MMR	F					
RUBEOLA (MEASLES)	G					
MUMPS	H					
RUBELLA	I					

EXPIRATION DATE (MO/DA/YR) _____
(SHOULD BE 15 DAYS AFTER NEXT APPOINTMENT)

PHYSICIAN OR AUTHORIZED SIGNATURE

DATE

PERMANENT MEDICAL EXEMPTION (HRS 680 – PART C) (3⁺)

I CERTIFY THAT THE PHYSICAL CONDITION OF THIS CHILD IS SUCH THAT IMMUNIZATION(S) IS MEDICALLY CONTRAINDICATED. LIST VACCINE(S) AND STATE VALID CLINICAL REASONING OR EVIDENCE FOR EXEMPTION FOR EACH VACCINE.

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

PHYSICIAN'S SIGNATURE

DATE

HRS Form 680, JAN 93 (Replaces Mar 91 edition which may be used)
(Stock Number: 5740-000-0680-6)



**THE SCHOOL DISTRICT OF PALM BEACH COUNTY
ELEMENTARY REPORT CARD**

Grade 5

Year 2000-2001

Student _____
 Teacher _____

School _____
 Principal _____

MARKING CODES - ACADEMIC SUBJECTS
GRADES 1 and 2
 E - Excellent S - Satisfactory
 V - Very Satisfactory N - Needs Improvement

GRADES 3-5
 A - Outstanding (94% - 100%)
 B - Above Average (85% - 93%)
 C - Average (77% - 84%)
 D - Below Average (70% - 76%)
 F - Failing (0% - 69%)
 I - Incomplete

SOCIAL DEVELOPMENT/CLASSROOM STUDY HABITS
 Please work on the area(s) that have a check (✓).

	Marking Period			
	1st	2nd	3rd	4th
Overall effort				
Works cooperatively				
Works independently				
Completes classwork on time				
Completes homework on time				
Follows classroom rules and routines				
Uses time wisely				
Follows directions				
Accepts responsibility for own actions				
Comes to class prepared with materials				

ACADEMIC SUBJECTS

	Marking Period			
	1st	2nd	3rd	4th
Mathematics <i>(Indicate level with a check)</i> On or above grade level _____ Below grade level _____				
Reading <i>(Indicate level with a check)</i> On or above grade level _____ Below grade level _____				
Composition				
Language				
Spelling				
Handwriting/Penmanship				
Social Studies				
Science/Health				

ALTERNATE ASSESSMENTS
 Indicate those used with a check (✓).

	Marking Period			
	1st	2nd	3rd	4th
Skills Checklist(s)				
Portfolio				
Audio Cassette Recording				
Video Recording				
Computer Program				
Standardized Test(s)				
Observations/Written Comments				
Other				

* Grades not given this nine weeks

MARKING CODES - FINE ARTS
 3 - Outstanding effort and participation
 2 - Satisfactory effort and participation
 1 - Inadequate effort and participation; parent conference requested

FINE ARTS REPORT

	Marking Period			
	1st	2nd	3rd	4th
Art				
Music				
Physical Education				

ATTENDANCE
 Regular attendance and punctuality are essential for quality education.

	Marking Period			
	1st	2nd	3rd	4th
Days Present				
Days Absent				
Days Tardy				
Information Included				

PARENT/GUARDIAN/TEACHER CONFERENCE

	Marking Period			
	1st	2nd	3rd	4th
Conference conducted <i>(Indicate date(s))</i>	2/5			

PLACEMENT *

Grade 6 Special Session _____
 * If Special Session program is indicated, grade placement will be determined by the home school.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
2000-2001 Report for Grades 1-5

[Redacted Student Name] [Redacted School Name] [Redacted Address]
STUDENT _____ GRADE 5 _____

2000-2001 ACADEMIC IMPROVEMENT PLAN STATUS

- Your child's academic performance was at or above grade level in reading, writing, and mathematics, and an Academic Improvement Plan (AIP) was not necessary.
- Your child's academic performance was below grade level and an individual Academic Improvement Plan (AIP) was necessary for:
 - reading writing mathematics
 This AIP identified remediation strategies used to assist your child this year. Your child may need another AIP next school year.
- Your child's academic needs were addressed through his/her Individual Education Plan (IEP), Limited English Proficient (LEP) Plan, or 504 Plan.

END-OF-YEAR PERFORMANCE

Your child's end-of-year performance level in reading, writing, and mathematics is identified below:

READING	WRITING (COMPOSITION)	MATHEMATICS
[Redacted Performance Data]		

- * If *less than one year below grade level* has been indicated for reading, writing, and/or mathematics, you **may** be asked to participate in the development of a plan to improve your child's academic performance. This plan will be developed at the beginning of the 2001-2002 school year.
- ** If *more than one year below grade level* has been indicated for reading, writing, and/or mathematics, you **must have** an LEP Plan, IEP, 504 Plan and/or AIP. You will be asked to participate in the development of a plan(s) to improve your child's academic performance. This plan(s) will be developed at the beginning of the 2001-2002 school year.

PROMOTION/RETENTION DECISION

As a result of your child's performance this school year, your child is being recommended for:

- Promotion to the next grade level
- Promotion to the next grade level with an LEP Plan, IEP, 504 Plan and/or AIP
- Good Cause Promotion from fourth grade to fifth grade with an LEP Plan, IEP, 504 Plan, and/or AIP
- Retention in the same grade level

SUMMER SCHOOL/EXTENDED SCHOOL YEAR RECOMMENDATIONS

The promotion/retention decision for your child will be made following the completion of Summer School/Extended School Year.

- Summer School (for Limited English Proficient students)
- Extended School Year (for Exceptional Student Education students)

[Redacted Signature] _____ DATE _____

This report shows your results on the FCAT Reading performance tasks. Each performance task on the FCAT requires either a short response or a longer, more detailed response. Short-response tasks are scored out of 2 points and extended-response tasks are scored out of 4 points.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned on all performance task items is also included.

[Redacted]

ID [Redacted]
School [Redacted]
District **50-PALM BEACH**

This task required you to read an informational passage and then answer how a blind painter's determination led to her success.

Your Score

0 out of 2 points	On this performance task
[Redacted] out of 10 points	On all Reading performance task responses

When she went blind she tried to do alot of things but art is what she found she liked the most + what she could do. She kepted with it and in the end she became successful cause it is now in museum's, getting sold, like a true artist's work.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
**Grade and/or Course Change
 Documentation**

- High School
- Middle School
- Elementary School

STUDENT NAME (last, first, middle initial)		STUDENT NUMBER	GRADE LEVEL
[REDACTED]		[REDACTED]	10
SCHOOL		SCHOOL NUMBER	SCH YEAR COURSE TAKEN
[REDACTED]		2331	05-06
COURSE/SECTION NUMBER	COURSE NAME		
0701330 002	French 2		

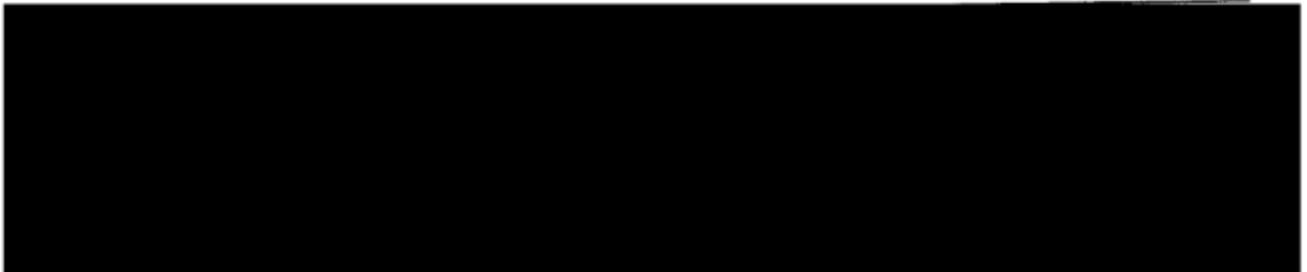
CHANGE DOCUMENTATION

GRADING PERIOD	GRADE	EXAM	CONDUCT
2 nd 9 wks	From _____ To _____	[REDACTED]	From _____ To _____
	From _____ To _____	From _____ To _____	From _____ To _____

Change course code From _____ To _____

Reason for change

- Recalculated Grade Average
- Student Completed Work
- Other (explain below)



APPROVAL SIGNATURES (two of three required)

	6/1/06 DATE
	6/2/06 DATE
	_____ DATE

DATA PROCESSOR CONFIRMATION	
I confirm that the grade/course change has been implemented.	
 _____ SIGNATURE	6-2-06 _____ DATE
_____ PRINT NAME	

IDENT NAME: [REDACTED]
 Address: _____

SEX: **F**
 RACIAL/ETHNIC GROUP:
 G Hispanic
 G White Not Hispanic
 G Black Not Hispanic
 G American Indian/Native Alaskan
 G Asian/Pacific Islander
 Multi Racial

STUDENT NUMBER: [REDACTED]

DATE OF BIRTH: _____
 Verified by Birth Certificate: Yes No
 If No, What Type Verification? _____

ADDRESS: _____

PHONE NUMBER: (optional) _____

PLACE OF BIRTH: Dade County

NAME OF PARENT(S) OR LEGAL GUARDIAN OR OTHER RESPONSIBLE ADULT AT HOME:
 [REDACTED]

P	G	OA

CURRENT SCHOOL: (use pencil in this space until final)
 Name: [REDACTED]
 Address: Luxemburg, FL

Date First Entered This District: 8/16/00

Grade:	School:								
5	[REDACTED]								
School Year: <u>2000-01</u>	School Year 19 _____								
Days Present: <u>167</u>	Days Absent: <u>13</u>	Days Present:	Days Absent:						
COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED	
INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)
[REDACTED]									
School:	Grade:								
School Year: 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____	School Year 19 _____
Days Present:	Days Absent:								
COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED		COPY OF REPORT CARD INCLUDED	
INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)	INDICATE Administrative Placement (ADMP) Promote (P) Retain (R) Special Session (SS)

GRADES K-5



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

NEW STUDENTS: Complete all areas on both sides of the form except areas specified office use only.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(1) STUDENT NUMBER	(2) SAC CODE	(3) GRADE LEVEL
--------------------	--------------	-----------------

(4) STUDENT LEGAL NAME (last, first, middle) [REDACTED]		(5) ALSO KNOWN AS	
(6) LOCAL ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code) [REDACTED] <u>Royal Palm Beach Fl. 33411</u>			
(7) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)			
(8) SOCIAL SECURITY NO. (optional)	(9) HOME TELEPHONE NO. [REDACTED]	(10) SEX <u>F.</u>	(11) RACE/ETHNIC ORIGIN <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input checked="" type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial
(12) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(13) PLACE OF BIRTH (city, state, country) <u>MIAMI Fl. Dade County</u>	(14) RESIDENT STATUS <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident	(15) USA ENTRY DATE (MM/DD/YYYY)
(16) FEDERAL IMPACT SURVEY YES NO <input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in PB County. <input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in PB County. <input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy		(17) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> C. Title 1 Prekindergarten <input type="checkbox"/> M. Migrant Prekindergarten <input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> N. None <input type="checkbox"/> F. Fee for Services <input type="checkbox"/> P. Private Prekindergarten <input type="checkbox"/> H. Head Start <input type="checkbox"/> T. Teenage Parent Program <input type="checkbox"/> L. Readiness Program <input type="checkbox"/> Z. Not Applicable	
(18) Is the student a single parent? <input type="checkbox"/> YES <input type="checkbox"/> NO			

TRANSFER INFORMATION

[REDACTED]	(20) CITY / STATE / COUNTY COUNTRY <u>West Palm Beach Fl.</u>	(21) LAST ATTENDANCE DATE <u>12-16-03</u>
(22) LAST GRADE LEVEL <u>8th</u>	(23) Have you ever been enrolled in Palm Beach County School? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, what school?	(24) DATE ATTENDED IN PBC

HEALTH SCREENING INFORMATION

(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d) Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here:
 _____ (This exemption will cover all types of screenings)

(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. YES NO
 (Permission is valid through grade 6)

(27) Does your child currently have health insurance? YES NO
 If YES, indicate: Medicaid Healthy Kids/Kid Care Private Interested in receiving information

NEW STUDENTS TO PALM BEACH COUNTY

(28) HOME LANGUAGE SURVEY
 YES NO 1. Is a language other than English used in the home? If YES, what language? Spanish
 YES NO 2. Does the student have a first language other than English? If YES, what language? Spanish
 YES NO 3. Does the student most frequently speak a language other than English? If YES, what language? _____

(29) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT
 YES NO 1. Has the student ever been expelled from school? YES NO 3. Has the student ever had any juvenile justice actions?
 YES NO 2. Has the student ever had an arrest resulting in a charge?

(30) STUDENT LIVES WITH: (check one)
 Mother Father Both Parents
 Other _____

(31) CUSTODY STATUS OF STUDENT (check one)
 Mother Father Shared Custody
 Other _____

(32) Is there a court order barring either parent from removing or contacting the student during the school day?
 YES NO If YES, provide the school with a copy of the court order.

THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION

(33) FATHER OR LEGAL GUARDIAN (first, middle initial, last)		(34) DATE OF BIRTH	(45) DATE OF BIRTH	
			5-02-67	
(35) ADDRESS (street number, street, apartment number)		(46) ADDRESS (street number, street, apartment number)		
(36) CITY	STATE	ZIP CODE	(47) CITY	STATE
			Royal Palm Beach Fl.	
(37) OCCUPATION	(38) HIGHEST ED. LEVEL	(48) OCCUPATION	(49) HIGHEST ED. LEVEL	
		HAIRSTYLIST		
(39) PLACE OF EMPLOYMENT		(50) PLACE OF EMPLOYMENT		
(40) HOME TELEPHONE	(41) BUSINESS TELEPHONE	(42) CELL/PAGER NUMBER	(51) HOME TELEPHONE	(52) BUSINESS TELEPHONE
(43) EMAIL ADDRESS (optional)		(54) EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION

Provide name(s) of person(s), other than parent, allowed to pick up student.		(55) PASSWORD (limit 10 characters)
(52) NAME (First, middle initial, last)		
(57) ADDRESS (street number, street, apartment number)		(53) ADDRESS (street number, street apartment number)
(58) CITY	STATE	ZIP CODE
Royal Palm Beach Fl.		33411
(59) RELATIONSHIP	(60) TELEPHONE	(61) CELL/PAGER NUMBER
MOTHER		
(68) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(69) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies [including animals, birds, reptiles or amphibians], medications, or other physical limitations)
(70) FAMILY PHYSICIAN	(71) PHYSICIAN PHONE	
(72) HOSPITAL PREFERENCE		(73) Have you filled out an application for free and reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO (Application is provided with this form)
Palms West		

PARENT'S / GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(74) NAME OF CHILD (first, middle, last)	(75) SCHOOL ATTENDING	(76) STUDENT NO. (optional)	(77) GRADE	(78) DATE OF BIRTH
(79) NAME OF CHILD (first, middle, last)	(80) SCHOOL ATTENDING	(81) STUDENT NO. (optional)	(82) GRADE	(83) DATE OF BIRTH
(84) NAME OF CHILD (first, middle, last)	(85) SCHOOL ATTENDING	(86) STUDENT NO. (optional)	(87) GRADE	(88) DATE OF BIRTH
(89) NAME OF CHILD (first, middle, last)	(90) SCHOOL ATTENDING	(91) STUDENT NO. (optional)	(92) GRADE	(93) DATE OF BIRTH

<p>PARENT/GUARDIAN SIGNATURE</p> <p>I verify that the information given is true and accurate to the best of my knowledge.</p> <p>_____</p> <p>DATE</p>	FOR OFFICE USE ONLY					
	(94) SCH. NO.	(95) STUDENT NO.	(96) COB	(97) ENTRY CD	(98) ENTRY DATE	(99) CAL
	(100) TEACHER NO.	(101) REASSIGN CD.	(102) TRANSPORTATION		(103) BIRTH VERIF.	(104) DCF
			<input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran <input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike		1 2 3 4 5 A 6 7 8 9 T C Z	
	(105) DOCUMENTATION CHECKLIST				(106) ESOL PROGRAM ENTRY DATE	
<input type="checkbox"/> Immunizations <input type="checkbox"/> Birth Records Verification <input type="checkbox"/> Social Security Number <input type="checkbox"/> Physical Exams						
(107) DATA ENTRY COMPLETED BY					(108) DATE	



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

063C

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

DIST: 2451 TCHR: [REDACTED] TNBR: 225 STDT: [REDACTED] CRS: 1700100 SEC: 16 BLDG: 01 RM: 176 08/12/02

(3) STUDENT'S LEGAL NAME (first/middle/last) [REDACTED]			(4) ALSO KNOWN AS		
(5) LOCAL ADDRESS (house no. & street name) [REDACTED]			LOXAHATCHEE FL 33470		
(6) MAILING ADDRESS (house no. & street name) [REDACTED]					
(7) SOCIAL SECURITY NO. [REDACTED]	(8) HOME TELEPHONE NO. [REDACTED]	(9) SEX F	(10) RACE/ETHNIC ORIGIN H <input type="checkbox"/> B-Black, Non-Hispanic <input checked="" type="checkbox"/> H-Hispanic <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> M-Multiracial <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic		
(11) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(12) PLACE OF BIRTH (city/state/country) DADE COUNTY FL US FLORIDA		(13) RESIDENT STATUS 3 <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident		(14) USA ENTRY DATE (MM/DD/YYYY)
(15) FEDERAL IMPACT SURVEY YES NO <input type="checkbox"/> <input type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input type="checkbox"/> C. The parent is employed on federal property located in Palm Beach County. <input type="checkbox"/> <input type="checkbox"/> D. The parent is employed on low rent housing located in Palm Beach County. <input type="checkbox"/> <input type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy			(16) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K <input type="checkbox"/> D. Pre-K Disabled <input type="checkbox"/> H. Headstart <input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1 <input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other		
(17) IS THE STUDENT A SINGLE PARENT? NO <input type="checkbox"/> YES <input type="checkbox"/> NO			(18) CURRENT GRADE LEVEL 07		
TRANSFER INFORMATION					
(19) NAME OF SCHOOL TRANSFERRING FROM		(20) CITY OR LOCATION		COUNTY-	
(21) LAST ATTENDANCE DATE		(22) LAST GRADE LEVEL		(23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY	
(24) DATE ATTENDED IN PBC					
HEALTH SCREENING INFORMATION					
(25) Students will receive non-invasive health screenings pursuant to Florida Statute § 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: (This exemption will cover all types of screenings)					
(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Permission is valid through 6 grade)					
(27) Does your child currently have health insurance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, indicate: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Interested in receiving information					
NEW STUDENTS TO PALM BEACH COUNTY					
(28) HOME LANGUAGE SURVEY					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1. Is a language other than English used in the home?		If YES, what language? <u>Spanish</u>			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 2. Does the student have a first language other than English?		If YES, what language? <u>Spanish</u>			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. Does the student most frequently speak a language other than English?		If YES, what language? _____			
(29) 4. What language is spoken in the home by the parent or guardian?		<u>Spanish-English</u>			
(30) 5. What language is the student's first language?		<u>Spanish</u>			
(31) What is the date of entry into an ESOL program? _____			(32) STUDENT LIVES WITH: (check one) <input checked="" type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input checked="" type="checkbox"/> Both Parents <input type="checkbox"/> Other _____		
(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> 1. Has the student ever been expelled from school? <input type="checkbox"/> <input checked="" type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge? <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Has the student ever had any juvenile justice actions?			(34) CUSTODY STATUS OF STUDENT (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other _____		
(35) Is there a court order barring either parent from removing or contacting the student during the school day? If YES, provide the school with a copy of the court order. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

THE SCHOOL DISTRICT OF PALM BEACH COUNTY - NEW AND RETURNING STUDENT REGISTRATION

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED] PU: Y			(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED] PU: Y		
ADDRESS (street number, street, apartment number) [REDACTED]			ADDRESS (street number, street, apartment number) [REDACTED]		
CITY LOXAHATCHEE		STATE FL	CITY LOXAHATCHEE		STATE FL
OCCUPATION			OCCUPATION HAIRSTYLIST		
PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT [REDACTED]		
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER	HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
EMAIL ADDRESS (optional)			EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION

Person(s) other than parent authorized to pick up student		(38) PASSWORD (limit 10 characters)	
[REDACTED]		[REDACTED]	
(39) NAME (first, middle initial, last) [REDACTED]		(41) NAME (first, middle initial, last) [REDACTED]	
ADDRESS (street number, street, apartment number) [REDACTED]		ADDRESS (street number, street, apartment number) [REDACTED]	
CITY Royal Palm Bch		STATE Fla	ZIP CODE 33411
TELEPHONE	RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP	(42) AUTHORIZED FOR EMERGENCY PICKUP
[REDACTED]	GRAND MOTHER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies [including animals, birds, reptiles or amphibians], medications, or other physical limitations)	
(45) FAMILY PHYSICIAN [REDACTED]		(46) PHYSICIAN PHONE [REDACTED]	
[REDACTED]		FREE OR REDUCED-PRICE LUNCH	
[REDACTED]		Have you filled out an application for free and reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO (Application is provided with this form)	
[REDACTED]		[REDACTED]	

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS

(49) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (last, first, middle initial)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

PARENT/GUARDIAN SIGNATURE I verify that the information given is true and accurate to the best of my knowledge. [REDACTED] DATE	FOR OFFICE USE ONLY							
	(53) SCH ID 2451	[REDACTED]	(55) CGR US	(56) ENTRY CODE E01	(57) SAC 068C	(58) GRADE LEV 07	(59) CAL 01	
	(60) TEACHER NO.	(61) REASSIGNMENT CODE	(62) TRANSPORTATION <input type="checkbox"/> Yes <input type="checkbox"/> No		(63) BIRTH VERIF		(64) HRS	
	(65) DOCUMENTATION CHECKLIST (check and date when received)							
<input type="checkbox"/> Immunizations (date)		<input type="checkbox"/> Birth Records Verif. (date)		<input type="checkbox"/> Physical Exams (date)				
<input type="checkbox"/> Soc. Sec. No. (date)								
(66) DATA ENTRY COMPLETED BY				DATE				



THE SCHOOL DISTRICT OF PALM BEACH COUNTY (SDPBC)
New and Returning Student Registration

068C

NEW STUDENTS: Complete all non-shaded areas on both sides of the form.
 RETURNING STUDENTS: Review both sides. If the pre-printed information is incorrect, correct the information by carefully and lightly crossing out the incorrect information and writing the correct information above it.

DIST: 2451 TCHR: ROLAND TNBR: 047 STDT: [REDACTED] CRS: 2103030 SEC: 05 BLDG: 01 RM: 131 08/16/01

(3) STUDENT'S LEGAL NAME (last, first, middle) [REDACTED]			(4) ALSO KNOWN AS		
(5) LOCAL ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code) [REDACTED] LOXAHATCHEE FL 33470					
(6) MAILING ADDRESS (house no. & street name) (apt. no.) (city) (state) (zip code)					
(7) SOCIAL SECURITY NO. (optional)	(8) HOME TELEPHONE NO.	(9) SEX F	(10) RACE/ETHNIC ORIGIN H <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> B-Black, Non-Hispanic <input checked="" type="checkbox"/> H-Hispanic <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> W-White, Non-Hispanic <input type="checkbox"/> M-Multiracial		
(11) DATE OF BIRTH (MM/DD/YYYY) [REDACTED]	(12) PLACE OF BIRTH (city, state, country) DADE COUNTY FL US FLORIDA		(13) RESIDENT STATUS 3 <input type="checkbox"/> 0. Foreign Exchange Student <input type="checkbox"/> 1. Out-of-county Resident <input type="checkbox"/> 2. Out-of-state Resident <input type="checkbox"/> 3. In-county Resident		(14) USA ENTRY DATE (MM/DD/YYYY)
(15) FEDERAL IMPACT SURVEY YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> A. The student resides on federal property. <input type="checkbox"/> <input checked="" type="checkbox"/> B. The student resides in low rent housing. <input type="checkbox"/> <input checked="" type="checkbox"/> C. The parent is employed on federal property located in P.B. County. <input type="checkbox"/> <input checked="" type="checkbox"/> D. The parent is employed on low rent housing located in P.B. County. <input type="checkbox"/> <input checked="" type="checkbox"/> E. The parent is in the uniformed services of the United States. <input type="checkbox"/> <input checked="" type="checkbox"/> If E. is YES, is the parent on active duty? Check service below: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy			(16) PRESCHOOL ENROLLMENT INFORMATION Place an X by each program attended. Also, indicate with an asterisk (*) the program your child was in the longest. <input type="checkbox"/> N. Non-subsidized Child Care <input type="checkbox"/> M. Migrant Pre-K <input type="checkbox"/> D. Pre-K Disabilities <input type="checkbox"/> H. Headstart <input type="checkbox"/> I. Pre-K Early Intervention <input type="checkbox"/> C. Chapter 1 <input type="checkbox"/> S. Subsidized Child Care <input type="checkbox"/> O. Other		
			(17) IS THE STUDENT A SINGLE PARENT? NO <input type="checkbox"/> YES <input type="checkbox"/> NO		(18) CURRENT GRADE LEVEL 06

TRANSFER INFORMATION

(19) NAME OF SCHOOL TRANSFERRING FROM	(20) CITY OR LOCATION	(21) LAST ATTENDANCE DATE
(22) LAST GRADE LEVEL	(23) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY	(24) DATE ATTENDED IN PBC

HEALTH SCREENING INFORMATION

(25) Students will receive non-invasive health screenings pursuant to Florida Statute 381.0056(7)(d). Non-invasive screenings may include vision, hearing, scoliosis, height, and weight. These tests may be given individually or in groups. Parents or guardians, however, have the right to request an exemption in writing. If you DO NOT want your child to receive the screenings, write the words "Do not screen" here: _____ (This exemption will cover all types of screenings)	FREE OR REDUCED PRICE LUNCH (27) Have you filled out an application for free and reduced lunch? <input type="checkbox"/> YES <input type="checkbox"/> NO (Application is provided with this form)
(26) I give permission for my child to participate in the sodium fluoride program to prevent tooth decay. <input type="checkbox"/> YES <input type="checkbox"/> NO (permission is valid through 6th grade) YES	

NEW STUDENTS TO PALM BEACH COUNTY

(28) HOME LANGUAGE SURVEY
 YES NO
 1. Is a language other than English used in the home? If YES, what language? Spanish
 2. Does the student have a first language other than English? If YES, what language? Spanish
 3. Does the student most frequently speak a language other than English? If YES, what language? _____
 (29) 4. What language is spoken in the home by the parent or guardian? Spanish - English
 (30) 5. What language is the student's first language? Spanish

(31) What is the date of entry into an ESOL program? _____	(32) STUDENT LIVES WITH: (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input checked="" type="checkbox"/> Both Parents <input type="checkbox"/> Other _____
(33) DISCLOSURES FOR ENTRY INTO PBC SCHOOL DISTRICT YES NO <input type="checkbox"/> <input checked="" type="checkbox"/> 1. Has the student ever been expelled from school? <input type="checkbox"/> <input checked="" type="checkbox"/> 2. Has the student ever had an arrest resulting in a charge? <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Has the student ever had any juvenile justice actions?	(34) CUSTODY STATUS OF STUDENT (check one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other _____

(35) Is there a court order barring either parent from removing or contacting the student during the school day? YES NO
 If YES, provide the school with a copy of the court order.

(36) FATHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED] PU: Y			(37) MOTHER OR LEGAL GUARDIAN (first, middle initial, last) [REDACTED] PU: Y		
ADDRESS (street number, street name, apartment number) [REDACTED]			[REDACTED] apartment number		
CITY LOXAHATCHEE		STATE FL	ZIP CODE 33470		
OCCUPATION Electrical Contractor			OCCUPATION Hair stylist		
PLACE OF EMPLOYMENT [REDACTED]			PLACE OF EMPLOYMENT		
HOME TELEPHONE	BUSINESS TELEPHONE	CELL/PAGER NUMBER		HOME TELEPHONE	BUSINESS TELEPHONE
[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]
EMAIL ADDRESS (optional)			EMAIL ADDRESS (optional)		

EMERGENCY HEALTH AND SAFETY INFORMATION					
Person(s) other than parent authorized to pick up student			(38) PASSWORD (limit 10 characters)		
(39) NAME (first, middle initial, last)			(41) NAME (first, middle initial, last)		
ADDRESS (street number, street name, apartment number)			ADDRESS (street number, street name, apartment number)		
CITY		STATE	ZIP CODE		
TELEPHONE		RELATIONSHIP	(40) AUTHORIZED FOR EMERGENCY PICKUP <input type="checkbox"/> YES <input type="checkbox"/> NO		
TELEPHONE		RELATIONSHIP	(42) AUTHORIZED FOR EMERGENCY PICKUP <input type="checkbox"/> YES <input type="checkbox"/> NO		
(43) If school personnel are unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			(44) MEDICAL INFORMATION (list student's illnesses, behavior, health issues, allergies, medications, or other physical limitations)		
(45) FAMILY PHYSICIAN	(46) PHYSICIAN PHONE	(48) Does your child currently have health insurance? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(47) HOSPITAL PREFERENCE		If YES, indicate: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Healthy Kids/Kid Care <input type="checkbox"/> Interested in receiving information			

PARENT'S/GUARDIAN'S OTHER CHILDREN IN PALM BEACH COUNTY SCHOOLS				
(49) NAME OF CHILD (first, middle, last)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(50) NAME OF CHILD (first, middle, last)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(51) NAME OF CHILD (first, middle, last)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH
(52) NAME OF CHILD (first, middle, last)	SCHOOL ATTENDING	STUDENT NO. (optional)	GRADE	DATE OF BIRTH

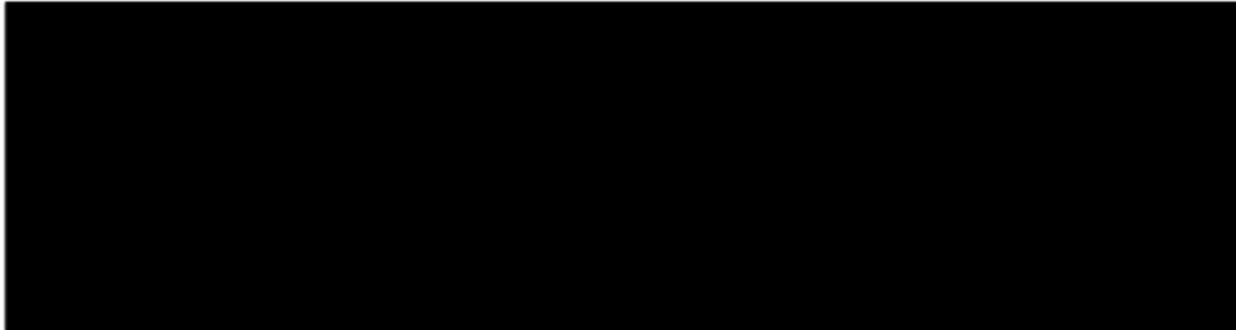
PARENT/GUARDIAN SIGNATURE I verify that the information given is true and accurate to the best of my knowledge.	FOR OFFICE USE ONLY							
	(53) COB NO.	(54) ENTRY NO.	(55) COB	(56) ENTRY CD.	(57) ENTRY DATE	(58) GR LV	(59) CAL	
	[REDACTED]	[REDACTED]	US	E01	08/14/01	06	01	
	(60) TEACHER NO.	(61) REASSIGN CODE	(62) TRANSPORTATION			(63) BIRTH VERIF.	(64) HRS	
		<input type="checkbox"/> PBC Bus # _____ <input type="checkbox"/> Palm Tran <input type="checkbox"/> Parent/Student Trans. <input type="checkbox"/> Walk <input type="checkbox"/> Bike			1 2 3 4 5 6 7 8 9 T	A B Z		
(65) DOCUMENTATION CHECKLIST (check and date when received)								
<input type="checkbox"/> Immunizations (date) _____				<input type="checkbox"/> Birth Records Verif. (date) _____				
<input type="checkbox"/> Soc. Sec. No. (date) _____				<input type="checkbox"/> Physical Exams (date) _____				
(65) DATA ENTRY COMPLETED BY						DATE		
[REDACTED]								

STUDENT ID [REDACTED] FLA STU ID [REDACTED] STATUS A SEX F ETHNIC H
 LEGAL NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] APP
 CURRENT SCHOOL [REDACTED] GRADE 04 HR SECT 408 DATE ENTERED 08 / 30 / [REDACTED]
 BIRTHDATE [REDACTED]

MEDICAL REASON EFFECTIVE DATE / /
 IMMUNIZATION: 1 EFFECTIVE DATE / / EXPIRATION DATE / /
 TB TEST RESULT S HEALTH EXAMINATION Y

VACCINE STATUS:

DTP:
 DT:
 TD:
 POLIO:
 MMR:
 MEASLES:
 MUMPS:
 RUBELLA:
 HIB:
 HEPATITIS B:



SCREENING FOR HEARING PROBLEMS: Y | MEDICAL ALERT _ PH: (_) _ - _
 SCREENING FOR VISION PROBLEMS Y | CONTACT _____



FLORIDA CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A) (1+)

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

DATE OF BIRTH

[Redacted]

SS#

[Redacted]

PARENT OR GUARDIAN

DOCTOR: PART A OF THIS FORM IS USED ONLY IF THE CHILD HAS RECEIVED ALL REQUIRED IMMUNIZATIONS LISTED BELOW. IF NOT, SEE REVERSE SIDE.

DTP - 5 DOSES REQUIRED (A*)

[Redacted]

IF THE FOURTH PRIMARY DOSE OF DTP IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FIFTH DOSE IS NOT REQUIRED.

DT (PEDIATRIC) VACCINE IS ACCEPTABLE IF PERTUSSIS VACCINE IS MEDICALLY CONTRAINDICATED. (COMPLETE PART C FOR PERTUSSIS CONTRAINDICATION.) (B*)

TD (ADULT) VACCINE (A SERIES OF 3 DOSES) IS ACCEPTABLE AND RECOMMENDED FOR CHILDREN 7 YEARS OF AGE OR OLDER. (C*)

POLIO (OPV) - 4 DOSES REQUIRED (D*)

#1 [Redacted]

IF THE THIRD PRIMARY DOSE OF OPV IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FOURTH DOSE IS NOT REQUIRED.

IPV IS AN ACCEPTABLE ALTERNATIVE IF OPV IS NOT INDICATED.

POLIO VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS OF CHILDREN 18 YEARS OF AGE OR OLDER.

MEASLES, MUMPS, AND RUBELLA - 2 DOSES REQUIRED FOR MEASLES
1 DOSE REQUIRED FOR MUMPS AND RUBELLA

MMR COMBINED - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS) (F*)
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

-OR-

MEASLES SINGLE - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS) (G*)
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

MUMPS SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (H*)

RUBELLA SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (I*)

ALL APPROPRIATE DOSES AND DATES INCLUDING BIRTHDATE MUST BE ENTERED, AND THE CERTIFICATE SIGNED BELOW BY A PHYSICIAN OR AUTHORIZED PERSON AND DATED IN ORDER FOR THE CHILD TO ATTEND SCHOOL.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE THE ABOVE NAMED CHILD HAS BEEN PROTECTED AGAINST DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, MEASLES, MUMPS, AND RUBELLA AS REQUIRED BY FLORIDA LAW FOR SCHOOL ATTENDANCE.

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

[Redacted Signature]

11/6/95
DATE

DOE AUTOMATED STUDENT DATA BASE CODES: + IMMUNIZATION STATUS CODE / * VACCINATION CODE



STATE OF FLORIDA
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES
STUDENT HEALTH EXAMINATIONS

Date 11/3/95
Race Hispanic Sex F

Student's Full Name _____
Address _____
Name of Parent or Guardian _____

Phone _____ Age 5
Birthdate _____ School _____

A. HEALTH EXAMINATION

Height _____

(✓) Normal=N; Abnormal=A	N	A	COMMENT: Abnormal Findings, by number
1. Appearance			
2. Skin/Nose			
3. Head/Scalp			
4. Eyes			
5. Visual Acuity (R & L)			
6. Ears			
7. Auditory Acuity (R & L)			
8. Nose / Throat			
9. Mouth, Teeth and Gums			
10. Chest / Lungs			
11. Heart			
12. Abdomen			
13. Genitals and Anus			
14. Musculo-Skeletal			
15. Neurological			
16. Alertness			
17. Emotional / Mental/ Behavior Prob.)			
18. Handicap, physical/ other (Specify)			
19. Activity Restrictions (Specify)			
20. Abuse, substance/ physical / emotional			
21. Nutrition			
22. Other			

B. HEALTH HISTORY (Serious Illnesses Injuries: explain) _____

(attach narrative if additional space needed)

C. LABORATORY (as indicated)

Hemoglobin/Hematocrit _____ Stool (O & P) _____ Tuberculin test: _____ type _____
Lead _____ Sickle Cell _____ date _____
result _____

NAME: _____
TITLE: _____
ADDRESS: _____
(Please Print) _____

Date 11/3/95

Spring 2004
Florida Comprehensive Assessment Test (FCAT)
SSS Reading Student and Parent Report
Grade 08

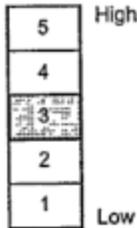
ID: [REDACTED]
 SCHOOL: [REDACTED]
 DISTRICT: 50-PALM BEACH

Your 2004 Reading Results

Your Reading score is on grade level. You answered many of the questions on the FCAT correctly.

Tu calificación de Lectura está al nivel. Respondiste a muchas de las preguntas del FCAT correctamente.

Nòt Lekti ou nan nivo klas la. Ou reponn anpil nan kesyon FCAT yo korèkteman.

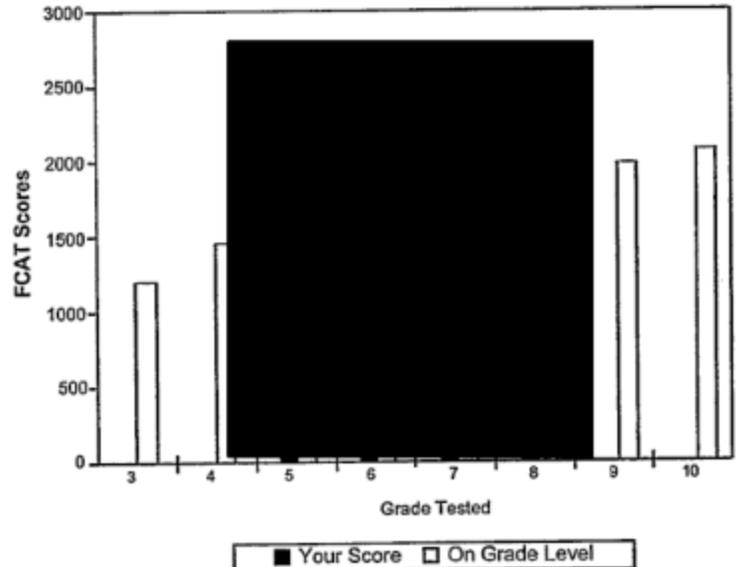


Year	2001	2002	2003	2004
Grade Tested	[REDACTED]			
Achievement Level	[REDACTED]			
FCAT Score *	[REDACTED]			

*These scores show your achievement on the day you were tested. If you were to take this same test again, it is likely that your 2004 FCAT Reading score would be between 1815 and 1967.

Content Areas	Points Eamed	Points Possible	Percent	Compared to other students		
				L	M	H
Words/Phrases	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Main Idea/Purpose	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Comparisons	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Reference/Research	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

L=Low, M=Middle, H=High



(Achievement levels 3 and above are considered on or above grade level.)

<p>La tabla de la derecha muestra los niveles de rendimiento del FCAT y los rangos de calificación del FCAT para cada nivel.</p> <p>El nivel de rendimiento 3 representa el trabajo "al nivel".</p> <p>Antes de 2002, a los estudiantes se les otorgaba una calificación que seguía una escala de tres dígitos.</p>	<p>Tablo ki adwat la montre Nivo Rannman nan FCAT a ak Nèchèl Nòt FCAT a pou chak Nivo.</p> <p>Nivo rannman 3 reprezante travay "nan nivo klas" la.</p> <p>Anvan 2002, yo te rapòte yon nèchèl nòt ki gen twa chif ladan pou elèv yo.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Reading					
Grade	Level 1	Level 2	Level 3	Level 4	Level 5
3	86-1045	1046-1197	1198-1488	1489-1865	1866-2514
4	295-1314	1315-1455	1456-1689	1690-1964	1965-2638
5	474-1341	1342-1509	1510-1761	1762-2058	2059-2713
6	539-1449	1450-1621	1622-1859	1860-2125	2126-2758
7	671-1541	1542-1714	1715-1944	1945-2180	2181-2767
8	886-1695	1696-1881	1882-2072	2073-2281	2282-2790
9	772-1771	1772-1971	1972-2145	2146-2297	2298-2943
10	844-1851	1852-2067	2068-2218	2219-2310	2311-3008

On grade-level

Prior to 2002, a three-digit scale score was reported for students.

<p>Reading Content -- Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:</p> <ul style="list-style-type: none"> Words/Phrases -- uses skills to determine word meaning, including word parts and relationships between words. Main Idea/Purpose -- determines a stated or implied essential message, details, author's purpose, or plot. Comparisons -- knows similar and different, cause and effect, and contrast. Reference/Research -- uses information from a variety of sources to reach conclusions. <p>Data Run Date: 05/03/2004</p>	<p>Calificaciones de contenido de lectura Las calificaciones de contenido proporcionan información más específica sobre las habilidades en el FCAT. Las expectativas al nivel del grado para los estudiantes incluyen:</p> <ul style="list-style-type: none"> Palabras/Frases -- usa la habilidad para determinar el significado de una palabra, incluyendo las partes de palabras y las relaciones entre palabras. Idea principal/Propósito -- determina un mensaje esencial expreso o implícito, detalles del propósito del autor o el argumento. Comparaciones -- conoce similar y diferente, causa y efecto y contraste. Referencia/Investigación -- usa la información de una variedad de fuentes para llegar a conclusiones. 	<p>Nòt Kontni pou Lekti Nòt pou kontni yo bay enfòmasyon ki pi egzak sou konpetans elèv la nan FCAT a. Men sa yo atann de elèv la dapre nivo klas la:</p> <ul style="list-style-type: none"> Mot/Fraz -- itilize aptid pou detèminen siyifikasyon mo yo, sa vle di chak pati nan mo yo epi relasyon ki genyen ant mo yo. Ide Prensipal/Objektif -- detèminen yon mesaj esansyèl ki deklare oswa sijere, bay detay sou objektif oswa plan otè a. Konparezon -- konnen menm ak diferan, kòz ak efè, epi kontras. Referans/Rechèch -- itilize enfòmasyon ki soti nan plizyè sous pou dedwi konklizyon.
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NT=Not Tested, NR=Not Reported, NF=Not Found

Your 2004 Mathematics Results	
[REDACTED]	

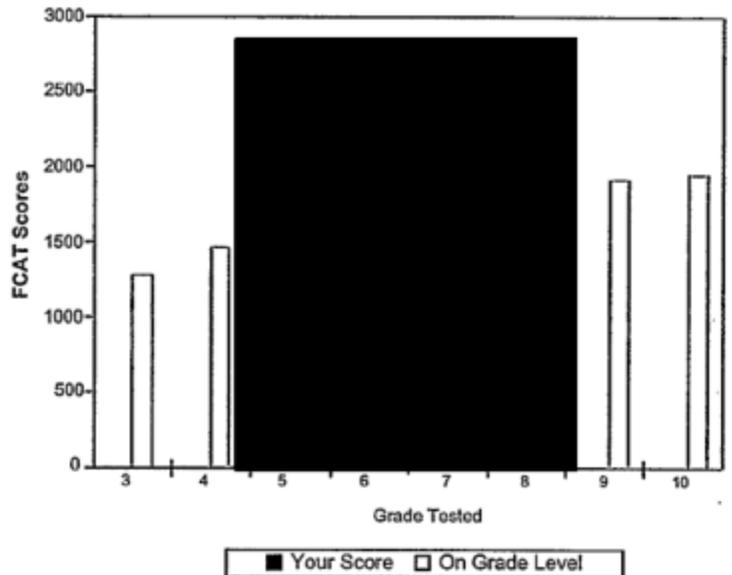
5	High
4	
3	
2	
1	Low

Your Mathematics FCAT Score History				
Year	2001	2002	2003	2004
Grade Tested	[REDACTED]			
Achievement Level	[REDACTED]			
FCAT Score *	[REDACTED]			

*These scores show your achievement on the day you were tested. If you were to take this same test again, it is likely that your 2004 FCAT Mathematics score would be between 1776 and 1862.

Your 2004 Mathematics Content Scores						
Content Areas	Points Earned	Points Possible	Percent	Compared to other students		
				L	M	H
Number Sense	[REDACTED]					
Measurement	[REDACTED]					
Geometry	[REDACTED]					
Algebraic Thinking	[REDACTED]					
Data Analysis	[REDACTED]					

L=Low, M=Middle, H=High



(Achievement levels 3 and above are considered on or above grade level.)

La tabla de la derecha muestra los niveles de rendimiento del FCAT y los rangos de calificación del FCAT para cada nivel.

El nivel de rendimiento 3 representa el trabajo "al nivel".

Antes de 2002, a los estudiantes se les otorgaba una calificación que seguía una escala de tres dígitos.

Tablo ki adwat la montre Nivo Rannman nan FCAT a ak Nechèl Nòt FCAT a pou chak Nivo.

Nivo rannman 3 reprezante travay "nan nivo klas" la.

Anvan 2002, yo te rapòte yon nechèl nòt ki gen twa chif ladan pou elèv yo.

Chart of FCAT Achievement Levels and FCAT Scores

Grade	Mathematics				
	Level 1	Level 2	Level 3	Level 4	Level 5
3	375-1078	1079-1268	1269-1508	1509-1749	1750-2225
4	581-1276	1277-1443	1444-1657	1658-1862	1863-2330
5	569-1451	1452-1631	1632-1768	1769-1956	1957-2456
6	770-1553	1554-1691	1692-1859	1860-2018	2019-2492
7	958-1660	1661-1785	1786-1938	1939-2079	2080-2572
8	1025-1732	1733-1850	1851-1997	1998-2091	2092-2605
9	1238-1781	1782-1900	1901-2022	2023-2141	2142-2596
10	1068-1831	1832-1946	1947-2049	2050-2192	2193-2709

On grade-level
Prior to 2002, a three-digit scale score was reported for students.

Mathematics Content --Content scores give more specific information about the skills on the FCAT. Grade level expectations for students include:

- Number sense -- uses number concepts and computation skills.
- Measurement -- solves problems involving measurements, e.g., time, weight, length, area.
- Geometry -- analyzes and combines shapes to solve problems.
- Algebraic Thinking -- analyzes patterns and uses equations and inequalities.
- Data Analysis and Probability -- uses data analysis tools to display information, make predictions and make inferences.

Data Run Date: 05/03/2004

Calificaciones de contenido de matemáticas
Las calificaciones de contenido proporcionan información más específica sobre las habilidades en el FCAT. Las expectativas al nivel del grado para los estudiantes incluyen:

- Número/Sentido -- usa conceptos numéricos y habilidades de cómputo.
- Medida -- resuelve problemas que incluyen medidas, por ejemplo, tiempo, peso, longitud, área.
- Geometría -- analiza y combina formas para resolver problemas.
- Pensamiento algebraico -- analiza patrones y usa ecuaciones y desigualdades.
- Análisis de datos y probabilidad -- usa herramientas de el análisis de datos para mostrar información, hacer predicciones e inferencias.

Nòt Kontni pou Matematik
Nòt pou kontni yo bay enfòmasyon ki pi egzak sou kompetans elèv la nan FCAT a. Men sa yo atann de elèv la dapre nivo klas la:

- Chif/Sans -- itilize konsepsyon chif ak abilitè pou fè kalkil.
- Mezi -- rezoud pwoblèm ki gen mezi ladan, pa egzanp, tan, pwa, longè, sifas.
- Jewometri -- analize epi konbinen figi Jewometrik pou rezoud pwoblèm.
- Rezonman aljebrik -- analize modèl epi itilize ekwasyon ak inegalite.
- Analiz Done ak Pwobabilite -- itilize zouti pou fè analiz done pou prezante enfòmasyon, fè prediksyon ak dediksyon.

NT=Not Tested, NR=Not Reported, NF=Not Found



Spring 2003
Florida Comprehensive Assessment Test (FCAT)
NORM-REFERENCED TEST
GRADE 07 Student Report

[Redacted]
 School Name and Number
 [Redacted]
 District Name and Number
 50 - PALM BEACH

This report shows your results from the FCAT National Norm-Referenced Test. The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension	[Redacted]	[Redacted]	[Redacted]
Mathematics Problem Solving	[Redacted]	[Redacted]	[Redacted]

The Scale Score expresses your performance on the test and allows for comparisons from year to year. Reading Comprehension Scale Scores range from 490 to 819. Mathematics Problem Solving Scale Scores range from 517 to 830.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 54 and 76. For Mathematics Problem Solving, your National Percentile Rank should be between 43 and 66.

CONTENT SCORES

	Number of Questions on Test	Number of Correct Responses	Number of Questions Attempted
Reading Comprehension	[Redacted]	[Redacted]	[Redacted]
Initial Understanding	[Redacted]	[Redacted]	[Redacted]
Interpretation	[Redacted]	[Redacted]	[Redacted]
Critical Analysis	[Redacted]	[Redacted]	[Redacted]
Strategies	[Redacted]	[Redacted]	[Redacted]
Mathematics Problem Solving	[Redacted]	[Redacted]	[Redacted]
Measurement	[Redacted]	[Redacted]	[Redacted]
Estimation	[Redacted]	[Redacted]	[Redacted]
Problem Solving	[Redacted]	[Redacted]	[Redacted]
Number Relationships	[Redacted]	[Redacted]	[Redacted]
Number Systems	[Redacted]	[Redacted]	[Redacted]
Patterns & Functions	[Redacted]	[Redacted]	[Redacted]
Algebra	[Redacted]	[Redacted]	[Redacted]
Statistics	[Redacted]	[Redacted]	[Redacted]
Probability	[Redacted]	[Redacted]	[Redacted]
Geometry	[Redacted]	[Redacted]	[Redacted]

Data Run Date: 04/30/2003

0154130

18551



**Spring 2003
Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Grade 07 Student Report**

Student Number and Name: [REDACTED]
District Number and Name:
50-PALM BEACH

The Florida Department of Education believes that every student has the ability to learn and succeed. The purpose of the FCAT is to ensure that Florida's public schools are providing the best education possible, and preparing students to succeed in the competitive 21st Century job market.

Working with teachers, the State has developed a measurement system that allows you to track a student's academic achievement from year to year and determine if a year's worth of learning has occurred in a year's time. This system also allows you to compare a student's score to a score that represents "grade level" achievement. If a student's score is above the "grade level" score, then they are performing at a level above their current grade. If it is below, they are in need of improvement. Using the "Content Scores," you are able to identify any specific academic skills needing improvement.

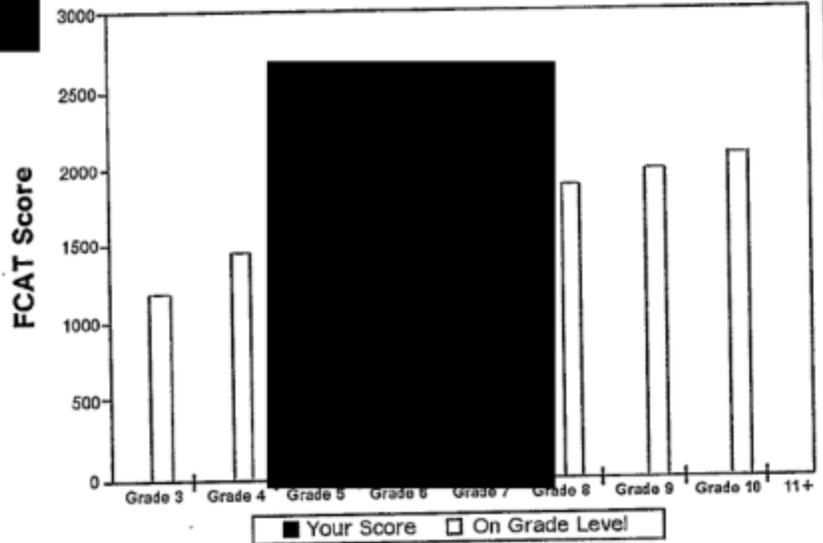
Below you will find your 2003 FCAT Reading and Mathematics scores, as well as your scores from previous years. The chart on the right side of the page shows your score compared to the score that represents "grade level" achievement.

[REDACTED]

Reading

2003 Reading Content Scores			
Content Areas	Points Possible	Points Earned	
Words/Phrases	[REDACTED]	[REDACTED]	
Main Idea/Purpose	[REDACTED]	[REDACTED]	
Comparisons	[REDACTED]	[REDACTED]	
Reference/Research	[REDACTED]	[REDACTED]	

Year	2001	2002	2003
Grade Tested	[REDACTED]	[REDACTED]	[REDACTED]
Achievement Level	[REDACTED]	[REDACTED]	[REDACTED]
FCAT Score *	[REDACTED]	[REDACTED]	[REDACTED]

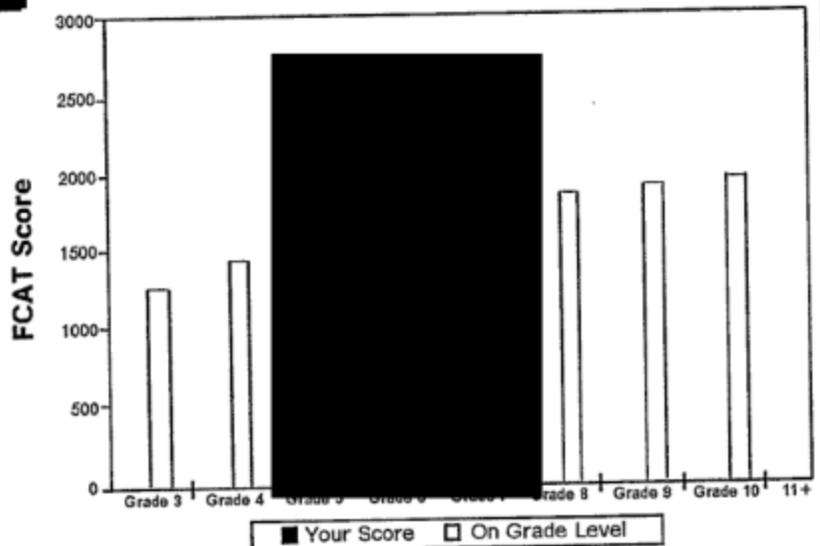


[REDACTED]

Mathematics

2003 Mathematics Content Scores			
Content Areas	Points Possible	Points Earned	
Number Sense	[REDACTED]	[REDACTED]	
Measurement	[REDACTED]	[REDACTED]	
Geometry	[REDACTED]	[REDACTED]	
Algebraic Thinking	[REDACTED]	[REDACTED]	
Data Analysis	[REDACTED]	[REDACTED]	

Year	2001	2002	2003
Grade Tested	[REDACTED]	[REDACTED]	[REDACTED]
Achievement Level	[REDACTED]	[REDACTED]	[REDACTED]
FCAT Score *	[REDACTED]	[REDACTED]	[REDACTED]



* These scores show your achievement on the day you were tested. If you had taken this test numerous times, it is likely that all of your scores would have been within a certain range. Your 2003 FCAT Reading scores probably would have been between 1646 and 1782. Your 2003 FCAT Mathematics scores probably would have been between 1639 and 1769.

FCAT Reports

Separate reports are produced for the Sunshine State Standards tests in FCAT Reading and Mathematics, Science, and Writing. A separate report is also printed for the norm-referenced tests in Reading and Mathematics.

FCAT Norm-Referenced Test (NRT) Report The FCAT NRT report shows reading and mathematics scores on the Florida version of the SAT9 (published by Harcourt Educational Measurement). Student scores are compared to a national "norm" group, where a percentile rank score of 50 is average.

Sunshine State Standards (SSS) Reports The FCAT SSS Reading, Mathematics, and Science reports show test scores from Florida's tests of academic standards. These reports contain subject scores and content scores. Subject scores describe the overall achievement, and content scores give the number of points earned in specific skill areas. Success on the Reading and Mathematics tests can be best understood by using the achievement levels where a 3 or higher is 1 or above grade level.

Achievement Levels Five categories of achievement describe the success students have with the content tested on the FCAT Reading and Mathematics. Level 5 is the highest and Level 1 is the lowest. Since science achievement levels have not been determined, science scores are ranked as to whether they fall in the lowest, middle, or highest third of statewide student performance.

This student has success with the most challenging content of the Sunshine State Standards. A student scoring in Level 5 answers most of the test questions correctly, including the most challenging questions.

This student has success with the challenging content of the Sunshine State Standards. A student scoring in Level 4 answers most of the test questions correctly, but may have only some success with questions that reflect the most challenging content.

This student has partial success with the challenging content of the Sunshine State Standards, but performance is inconsistent. A student scoring in Level 3 answers many of the test questions correctly, but is generally less successful with questions that are the most challenging.

This student has limited success with the challenging content of the Sunshine State Standards.

This student has little success with the challenging content of the Sunshine State Standards.

FCAT Certificates Students who earn Level 5 scores or whose science scale scores are greater than 400 receive Certificates of Achievement. For writing, certificates are given to all students with scores of 5.5 or 6 and to fourth graders with scores of 5, 5.5, and 6. Certificates are not awarded based on FCAT Norm-Referenced Test scores.

Informes FCAT (Spanish)

Se preparan informes separados para los exámenes del FCAT de lectura y matemáticas, ciencias y redacción según las normas estatales *Sunshine State Standards*. También se imprime otro informe por separado para los exámenes de lectura y matemáticas de acuerdo a las normas de aplicación nacional.

Informe sobre el FCAT ceñido a normas de aplicación nacional (NRT) El informe del FCAT NRT presenta los resultados de lectura y matemáticas en una versión del estado de Florida del SAT9 (publicada por Harcourt Educational Measurement). Los resultados obtenidos por los estudiantes se comparan con el grupo modelo o "norma", en el que la clasificación es de un 50% del promedio.

Informes según las normas estatales *Sunshine State Standards* (SSS) Los informes según las normas estatales SSS del FCAT presentan las calificaciones de los exámenes de lectura, matemáticas y ciencias de las normas académicas de Florida. Estos informes contienen calificaciones por materias y calificaciones por contenido. Las calificaciones por materia proporcionan un resumen general del rendimiento y las calificaciones por contenido que proveen el número de puntos obtenidos en áreas de habilidades específicas. El éxito de los exámenes de lectura y matemáticas puede entenderse mejor utilizando los niveles de rendimiento en los que una calificación de 3 o superior está al nivel del grado o por encima.

Niveles de rendimiento El éxito que un estudiante ha logrado en el contenido examinado en el FCAT de lectura y matemáticas se describe por medio de cinco categorías. El nivel 5 es el más alto y el nivel 1 es el más bajo. Como los niveles de rendimiento en ciencias no se han determinado, las calificaciones de ciencias se clasifican con respecto a si entran dentro del tercio inferior, medio o superior del rendimiento estudiantil a nivel estatal.

5 Este estudiante tiene éxito con el contenido más difícil de las normas *Sunshine State Standards*. Un estudiante del Nivel 5 responde a la mayoría de las preguntas del examen correctamente, incluyendo las preguntas más difíciles.

4 Este estudiante tiene éxito con el contenido difícil de las normas *Sunshine State Standards*. Un estudiante del Nivel 4 responde a la mayoría de las preguntas correctamente, pero es posible que sólo tenga cierto éxito con las preguntas que reflejan el contenido más difícil.

3 Este estudiante tiene un éxito parcial con el contenido difícil de las normas *Sunshine State Standards*, pero su rendimiento es inconsistente. Un estudiante del Nivel 3 responde muchas de las preguntas del examen correctamente, pero por lo general tiene menos éxito con las preguntas que son más difíciles.

2 Este estudiante tiene éxito limitado con el contenido difícil de las normas *Sunshine State Standards*.

1 Este estudiante tiene poco éxito con el contenido difícil de las normas *Sunshine State Standards*.

Certificados del FCAT Los estudiantes que se clasifiquen en el Nivel 5 o cuyos resultados de ciencias sean superiores a 400, reciben Certificados de rendimiento. En redacción, los certificados se otorgan a todos los estudiantes que han obtenido calificaciones de 5.5 y 6, y a los estudiantes de cuarto grado que han obtenido 5, 5.5 y 6. Los certificados no se otorgan basados en los resultados del FCAT ceñido a normas de aplicación nacional.

Rapò FCAT (Haitian Creole)

Yo prepare rapò apa pou egzamen lekti ak matematik, syans ak redaksyon FCAT bay swivan prensip *Sunshine State Standards* yo. Yo ekri yon rapò apa tou pou lekti ak matematik pou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" an.

Rapò egzamen ofisyèl FCAT itilize pou fè evalyasyon (NRT) Rapò FCAT NRT a montre nòt lekti ak matematik nan vèsyon Florida genyen pou SAT9 la (Se Harcourt Educational Measurement ki pibliye li.) Yo konpare nòt elèv la ak yon gwoup nòt yo konsidere kòm "modèl pou egzamen ofisyèl" la, kote swivan klasman pa pousantaj la, nòt mwayèn nan se 50.

Rapò *Sunshine State Standards* (SSS) Rapò FCAT SSS pou lekti, matematik ak syans lan montre nòt elèv yo fè nan egzamen Florida bay sou prensip akademik yo. Rapò sa yo gen nòt pou matyè ak nòt pou kontni ladan yo. Nòt pou matyè yo dekri tout sa elèv la reyalize anjeneral epi nòt pou kontni yo bay kantite pwen elèv la fè nan yon matyè byen detèmine. Ou ka konprann kisa elèv la reyalize nan egzamen lekti ak matematik la pi byen si w itilize yon nivo siksè kote 3 oswa plis se yon nòt ki nan nivo klas la oswa yon nòt ki pi wo pase nivo klas la.

Nivo siksè elèv yo Gen senk kategori siksè ki dekri nivo siksè elèv yo pote nan kontni yo teste nan egzamen lekti ak matematik FCAT la. Pi gwo nivo a se nivo 5 epi pi piti nivo a se nivo 1. Piske yo poko detèminen nivo siksè nan egzamen syans lan, yo klase nòt pou syans lan swivan si li tonbe pi ba, nan mitan oswa pi wo yon tyè pèfòmans elèv toupatou nan eta a.

5 Elèv sa a gen siksè nan matyè ki te gen pi plis difikilte ladan yo nan egzamen *Sunshine State Standards* la. Yon elèv ki nan 5yèm Nivo reponn pifò kesyon egzamen yo kòrèkteman, elèv la menm reponn kesyon ki gen pi plis difikilte ladan yo.

4 Elèv sa a gen siksè nan matyè ki te gen difikilte ladan yo nan egzamen *Sunshine State Standards* la. Yon elèv ki nan 4yèm Nivo reponn pifò kesyon egzamen yo kòrèkteman, men li ka gen kèk siksè sèlman nan kesyon ki sanble yo gen pi plis difikilte ladan yo.

3 Elèv sa a gen enpe siksè nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la, men pèfòmans lan pa rete estab. Yon elèv ki nan 3yèm Nivo reponn anpil nan kesyon egzamen yo kòrèkteman, men anjeneral li gen mwens siksè ak kesyon ki sanble yo gen pi plis difikilte ladan yo.

2 Elèv sa a gen siksè limite nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la.

1 Elèv sa a gen yon ti siksè tou piti nan matyè ki gen difikilte ladan yo nan egzamen *Sunshine State Standards* la.

Sètifika FCAT Elèv ki fè nòt 5yèm Nivo oswa elèv ki fè gwo nòt ki pi plis pase 400 nan syans ap resevwa Sètifika pou Siksè. Yo bay tout elèv ki fè nòt 5.5 oswa 6 ak elèv klas katriyèm ki fè nòt 5, 5.5, ak 6 yon sètifika pou redaksyon. Yo pa bay sètifika swivan nòt elèv fè nan egzamen ki baze sou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" (NRT) an.

Test Record Report

STAR Reading : Tuesday, 05/01/01, 11:37 AM
Date Range : All

[Redacted]

Student Name : [Redacted] Student ID : [Redacted]

Test Date	Grade Placement	Class	Teacher	SS	GE	PR	NCE	IRL	ZPD
11/14/2000	5.24	5Th Grade Read	[Redacted]						
5/1/2001	5.80	5Th Grade Read	[Redacted]						

Number of Tests : 2

Historical Data : Included



Spring 2004

**Florida Comprehensive Assessment Test (FCAT)
NORM-REFERENCED TEST
Grade 08 Student Report**

NAME: [REDACTED]
ID: [REDACTED]
SCHOOL: [REDACTED]
DISTRICT: 50 - PALM BEACH

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]

The Scale Score describes your performance on the test and allows for comparisons from year to year. Reading Comprehension Scale Scores range from 510 to 820. Mathematics Problem Solving Scale Scores range from 527 to 836.

The National Percentile Rank (NPR) and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. The NPR score indicates the percent of students in the national sample who scored equal to or below your score. Stanines range from 1 to 9 where 1 is low and 9 is high. Stanines in the range of 4-6 are considered average scores.

If you were to take the test again, your National Percentile Rank might be slightly higher or lower. However, your National Percentile Rank would probably fall within a certain range.

For Reading Comprehension, your National Percentile Rank should be between 55 and 79.
For Mathematics Problem Solving, your National Percentile Rank should be between 61 and 77.

CONTENT SCORES

	Number of Questions on Test	Number of Questions Attempted	Number of Correct Responses
Reading Comprehension	[REDACTED]	[REDACTED]	[REDACTED]
Initial Understanding	[REDACTED]	[REDACTED]	[REDACTED]
Interpretation	[REDACTED]	[REDACTED]	[REDACTED]
Critical Analysis	[REDACTED]	[REDACTED]	[REDACTED]
Strategies	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]
Measurement	[REDACTED]	[REDACTED]	[REDACTED]
Estimation	[REDACTED]	[REDACTED]	[REDACTED]
Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]
Number Relationships	[REDACTED]	[REDACTED]	[REDACTED]
Number Systems	[REDACTED]	[REDACTED]	[REDACTED]
Patterns & Functions	[REDACTED]	[REDACTED]	[REDACTED]
Algebra	[REDACTED]	[REDACTED]	[REDACTED]
Statistics	[REDACTED]	[REDACTED]	[REDACTED]
Probability	[REDACTED]	[REDACTED]	[REDACTED]
Geometry	[REDACTED]	[REDACTED]	[REDACTED]

Data Run Date: 04/16/2004

0077570

ISSN



Spring 2004
 Florida Comprehensive Assessment Test (FCAT)
 SUNSHINE STATE STANDARDS
 Reading Performance Task Student Report
 Grade 8

This report provides your results on the FCAT 2004 Reading performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

This task required you to read an article about ancient and modern paper making.

Task: If you were going to meet Soichiro Sakamoto in person, what would you already know about him from reading this article? Use details and information from the article to support your answer.

FCAT 2004
 READING PERFORMANCE TASKS

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name [REDACTED]
 School Number [REDACTED]
 District Name PALM BEACH
 District Number 50

	This Performance Task Response	All Reading Performance Task Responses
Points Possible	[REDACTED]	[REDACTED]
Points Earned	[REDACTED]	[REDACTED]

If I were to meet [REDACTED] person I would already know that his house sits shadowed by lush green mountain. And that he also has a workshop. And in that workshop is where he makes paper. Also, he sells up to \$5,000 and up worth of paper to the United States. And that he is a highly skilled artisans in paper-making.

PT08



Spring 2007
Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Mathematics Performance Task Student Report
Grade 8

This report provides your results on the FCAT 2004 Mathematics performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

FCAT 2004
MATHEMATICS PERFORMANCE TASKS

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name [REDACTED]
 School Number [REDACTED]
 District Name **PALM BEACH**
 District Number **50**

	This Performance Task Response	All Mathematics Performance Task Responses
Points Possible		
Points Earned		

Thomas works 4 hours after school, five days a week, at the Auto Lube Shop for \$6 per hour. Sometimes, the shop gets busy and he works extra hours after school and on Saturday for \$8 per hour.

Part A Write an equation that can be used to calculate Thomas' total weekly earnings.

Let t represent Thomas' total weekly earnings, and h represent the extra hours he works during any week.

Equation $4(6t + 8t)$

Part B Use your equation to determine how many extra hours Thomas must work in one week to earn \$200. Show your work.

Work Space
 $4(6t + 8t)$ 60×4
 $24t + 32t$
 56

Number of extra hours **24**

PTM



Spring 2004
Florida Comprehensive Assessment Test (FCAT)
Writing
Grade 08 Student Report
Writing to Explain

NAME: [REDACTED]
ID: [REDACTED]
SCHOOL: [REDACTED]
DISTRICT: 50-PALM BEACH

SCORE: [REDACTED]

How Papers Are Scored

The student responses are scored by trained readers using the holistic method to evaluate a piece of writing for its overall quality. The readers consider four elements: focus, organization, support, and conventions. In this type of scoring, readers make a judgment about the entire response and do not focus on any one aspect of the writing.

Focus refers to how clearly the paper presents and maintains a clear main idea, theme, or unifying point. Papers representing the higher end of the point scale demonstrate a consistent awareness of the topic and do not contain extraneous information.

Organization refers to the structure or plan of development (beginning, middle, and end) and whether the points are logically related to one another. Organization also refers to (1) the use of transitional devices to relate the supporting ideas to the main idea, theme, or unifying point and (2) the evidence of a connection between sentences. Papers representing the higher end of the point scale use transitions to signal the plan or text structure and end with summary or concluding statements.

Support refers to the quality of the details used to explain, clarify, or define. The quality of the support depends on word choice, specificity, depth, and thoroughness. Papers representing the higher end of the point scale provide examples and illustrations in which the relationship between the supporting ideas and the topic is clear.

Conventions refers to punctuation, capitalization, spelling, and variation in sentence structure used in the paper. The conventions are basic writing skills included in Florida's Sunshine State Standards. Papers representing the higher end of the point scale follow, with few exceptions, the conventions of punctuation, capitalization, and spelling and use a variety of sentence structures to present ideas.

Dear Student:

The paper you wrote in February as part of the FCAT has been read independently by two people trained to score this test. Each reader judged the paper against standards set by Florida educators and gave it an overall score. Your score is the average of the two readers' scores.

This writing score will help you, your parents or guardians, and your teachers understand how well you performed on this statewide writing test. A description of how papers are scored is printed on the left side of this report. A description of each possible score is printed on the back of this report.

Remember, you were given 45 minutes to read the assigned topic, plan what to write, and then write your response. The conditions under which you write papers in class or at home may not be the same as those for this test; therefore, the writing may not be the same. You and your teachers should consider the score on this test along with all of your other writing when planning activities to continue developing your writing skills.

DESCRIPTION OF THE TOPIC:

You were asked to choose an invention and explain the importance of that invention.

Data Run Date: 04/07/04

50-1691

Description of Grade 4 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with adequate development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. Word choice is adequate. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are often provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read.

Description of Grade 8 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes substantial development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. There are few, if any, usage, punctuation, or spelling errors.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with ample development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. It demonstrates a mature command of language. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are often provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read.

Description of Grade 10 Writing Scores

- 6.0:** The writing focuses on the topic, is logically organized, and includes substantial development of supporting ideas or examples. It demonstrates a mature command of language with freshness of expression. Sentences vary in structure. There are few, if any, usage, punctuation, or spelling errors.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language. Sentences vary in structure. Usage, punctuation, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain loosely related information. An organizational pattern is apparent. Some of the supporting ideas contain specifics and details, but others do not. Word choice is adequate. Sentences vary in structure. Usage, punctuation, and spelling are generally correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain loosely related information. An organizational pattern is demonstrated. Development of the supporting ideas may be uneven. Word choice is adequate. There is some variation in sentence structure. Usage, punctuation, and spelling are generally correct.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing addresses the topic, though it may lose focus by including extraneous information. An organizational pattern is demonstrated. Development of the supporting ideas may be nonspecific. Word choice may be limited. Frequent errors may occur in sentence construction, usage, punctuation, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing addresses the topic, though it may lose focus by including extraneous and loosely related ideas. The organizational pattern is weak. Ideas are often presented through lists and limited or inappropriate word choice. Frequent errors may occur in sentence construction, usage, punctuation, and spelling.
- U:** The writing is unrelated to the assigned topic or cannot be read.

**Florida Comprehensive Assessment Test (FCAT)
SUNSHINE STATE STANDARDS
Science Performance Task Student Report
Grade 08**



This report provides your results on the FCAT 2004 Science performance tasks. Each performance task on FCAT requires you to respond with either a short response or a longer, more detailed response. Short-response tasks are scored on a 2-point rubric and extended-response tasks are scored on a 4-point rubric.

One of the short-response tasks is shown below with a copy of your answer. The number of points you earned for your answer is shown in the box to the right.

FCAT 2004
SCIENCE PERFORMANCE TASKS

Student Name [REDACTED]
 Student Number [REDACTED]
 School Name [REDACTED]
 School Number [REDACTED]
 District Name **PALM BEACH**
 District Number **50**

	This Performance Task Response	All Science Performance Task Responses
Points Possible	[REDACTED]	[REDACTED]
Points Earned	[REDACTED]	[REDACTED]

Joe dropped his book behind the dresser. He tried to move the dresser, but it would not move. He asked his sister to help and they were able to move the dresser enough for Joe to get his book.

Part A Identify the force that kept Joe from moving the dresser himself.

The force was work. $(W) = \text{force } (N) \times$
 distance (m) $W = Fd$

Part B Explain why Joe and his sister were able to move the dresser when they worked together.

They were able to move the dresser because they both had force and they both had the strength to move the dresser. And since they only had a small distance to move it to, they were able to work together to move the dresser.

PT8S



Spring 2004
Florida Comprehensive Assessment Test (FCAT)
SSS Science Student and Parent Report
Grade 08

NAME: [REDACTED]
 ID: [REDACTED]
 SCHOOL: [REDACTED]
 DISTRICT: 50-PALM BEACH

The Florida Department of Education believes that every student has the ability to learn and succeed. The purpose of the FCAT is to ensure that Florida's public schools are providing the best education possible and preparing students to succeed for the future.

A high level of science knowledge has been identified as critical for success in the competitive 21st century job market. Working with Florida educators, the state has developed a test to measure a student's achievement of the important science skills in the *Sunshine State Standards*. This report provides your student's 2004 Science Score which allows you to compare your student's performance to the performance of other students in the state. In addition, the content scores help you to identify academic skills that may need improvement.

El Florida Department of Education (Departamento de Educación del estado de Florida) cree que todos los estudiantes tienen la capacidad de aprender y tener éxito. El propósito del FCAT es asegurar que las escuelas públicas de Florida proporcionen la mejor educación posible y preparen a los estudiantes para tener éxito en el futuro.

Se ha demostrado que, para el éxito en el competitivo mercado laboral del siglo XXI, es crucial poseer un alto nivel de conocimientos de ciencias. Trabajando con educadores de Florida, el estado ha desarrollado un examen para medir los logros de un estudiante en materia de ciencias de acuerdo a las normas *Sunshine State Standards*. Este informe proporciona a su estudiante la calificación de ciencias de 2004, lo que le permite comparar el rendimiento de su estudiante con la de otros estudiantes en el estado. Adicionalmente, las calificaciones de contenido le ayudan a identificar las habilidades académicas en las que puede ser necesario mejorar.

Depatman Edikasyon nan Florida kwè chak timoun gen kapasite pou aprann epi gen siksè. Objektif FCAT la se pou yo ka sèten lekòl piblik nan Florida ap bay pi bon edikasyon ki posib la epi yap prepare elèv yo pou yo ka gen siksè nan lavni.

Yo idantifye yon nivo konesans ki elve nan syans se yon bagay ki esansyèl pou yon moun ka gen siksè nan konpetisyon ki genyen nan mache travay la nan 21yèm syèk la. Eta Florida a travay ansanm ak pwofesè yo pou yo devlope yon egzamen ki pèmèt yo mezire ranman yon elèv nan egzamen syans ki enpòtan nan *Sunshine State Standards* la. Rapò sa a bay Nòt elèv fè nan Syans pou Ane 2004 la epi sa pèmèt ou konpare pèfòmans elèv ou yo ak pèfòmans lòt elèv nan Eta a. Anplis, nòt yo ki nan rapò a ede ou idantifye nan ki matyè akademik elèv la bezwen fè amelyorasyon.

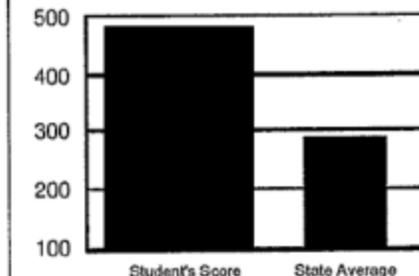
Your 2004 FCAT Science Score

Score *	Compared to Other Students		
	Low	Middle	High



Your 2004 Science Content Scores

Content Areas	Points Earned	Points Possible	Percent	Compared to Other Students		
				Low	Middle	High
Physical and Chemical	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Earth and Space	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Life and Environmental	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Scientific Thinking	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



*This score shows your achievement on the day you were tested. If you were to take this test again, it is likely that your 2004 FCAT Science score would be between 288 and 318.

Science Content	Contenido de ciencias	Kisa ki gen nan egzamen syans lan
<ul style="list-style-type: none"> ■ Physical and Chemical Science- explains matter, motion, force, and energy including their properties and interactions; also identifies atoms, elements, compounds, and mixtures. ■ Earth and Space Science- explains Earth's changes over time including geologic patterns, the rock cycle, minerals and weather systems; also describes the solar system and universe. ■ Life and Environmental Science- identifies and explains plants, animals, and the environment, including life processes, conservation of resources, and the interdependence of organisms and systems. ■ Scientific Thinking- applies scientific processes to problem solving, recognizes patterns and systems, and understands the impact of technology on society. 	<ul style="list-style-type: none"> ■ Ciencias físicas y químicas -explican la materia, el movimiento, la fuerza y la energía, incluyendo sus propiedades e interacciones; también identifican los átomos, elementos, compuestos y mezclas. ■ Ciencias de la Tierra y el espacio -explican los cambios de la Tierra a través del tiempo, incluyendo los patrones geológicos, el ciclo de las rocas, minerales y sistemas meteorológicos; también describen el sistema solar y el universo. ■ Ciencias de la vida y el medio ambiente -identifican y explican las plantas, animales y el medio ambiente, incluyendo los procesos vitales, la conservación de recursos y la interdependencia de organismos y sistemas. ■ Pensamiento científico- aplica procesos científicos a la resolución de problemas, reconoce patrones y sistemas, y comprende el impacto de la tecnología en la sociedad. 	<ul style="list-style-type: none"> ■ Syans fizik ak chimik- esplike matyè, mouvman, fòs, ak enèji, sa vle di pwopriyete yo ak fason youn reyaji ak lòt; epi tou idantifye atòm, eleman, konpoze chimik ak melanj. ■ Syans latè ak espas- esplike chanjman ki fèt sou Latè ane apre ane, sa vle di aktivite jewolojik, faz wòch, sistèm mineral ak sistèm lameteyo a, epi li deklè sistèm solè a ak inivè a. ■ Syans biyolojik ak anvionman- idantifye epi esplike plant, bèt, ak anvionman an, sa vle di pwoses biyolojik, konsèvasyon resous yo, ak entèdepandans òganis ak sistèm yo. ■ Rezonman syantifik- itilize pwosede syantifik pou rezoud pwoblèm, rekonèt regilarite ak sistèm, epi konprann enpak teknoloji sou lasosyete.



FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2002

NORM-REFERENCED TEST
 Student Report
 GRADE 06

School Name and Number
 District Name and Number
 50 - PALM BEACH

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension			
Mathematics Problem Solving			

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 492 to 800. Mathematics Problem Solving Scale Scores range from 500 to 813.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 36 and 60. For Mathematics Problem Solving, your National Percentile Rank should be between 58 and 79.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
Reading Comprehension	52		
Initial Understanding	15		
Interpretation	21		
Critical Analysis	9		
Strategies	7		
Mathematics Problem Solving	48		
Measurement	6		
Estimation	4		
Problem Solving	5		
Number Relationships	6		
Number Systems	5		
Patterns & Functions	3		
Algebra	3		
Statistics	6		
Probability	3		
Geometry	7		

Each question was worth 1 point.

INGRS8

FCAT Reports

The FCAT Reading and Mathematics test results are provided in two separate reports, one for the "Sunshine State Standards" (SSS) tests and one for the "Norm-Referenced Test" (NRT) tests. At grades 4, 8, and 10, a third report contains the FCAT Writing results.

The FCAT "Sunshine State Standards" report presents test scores from Florida's test of academic standards. Success on this test can be best understood by using the achievement levels where a 3 or higher is preferred. This report contains Subject Scores and Content Scores. Subject scores provide an overall summary of achievement, and content scores give the number of points earned in specific skill areas.

The "Norm-Referenced Test" report presents Reading and Mathematics scores on a Florida version of the SAT9 published by Harcourt Educational Measurement. Student scores are compared to a national "norm" group, where a percentile rank score of 50 is average.

Achievement Levels The achievement level is one of the subject scores on the FCAT "Sunshine State Standards" test. These levels describe the success a student has achieved on the Florida Sunshine State Standards tested on FCAT. Level 5 is the highest and Level 1 is the lowest.

- 5 Performance at this level indicates that the student has success with the most challenging content of the Sunshine State Standards. A level 5 student answers most of the test questions correctly, including the most challenging questions.
- 4 Performance at this level indicates that the student has success with the challenging content of the Sunshine State Standards. A level 4 student answers most of the test questions correctly, but may have only some success with questions that reflect the most challenging content.
- 3 Performance at this level indicates that the student has partial success with the challenging content of the Sunshine State Standards, but performance is inconsistent. A level 3 student answers many of the test questions correctly, but is generally less successful with questions that are the most challenging.
- 2 Performance at this level indicates that the student has limited success with the challenging content of the Sunshine State Standards.
- 1 Performance at this level indicates that the student has little success with the challenging content of the Sunshine State Standards.

Year-to-Year Growth The FCAT "Sunshine State Standards" tests in Reading and Mathematics are given in grades 3-10. Therefore, achievement across two years can be compared for grades 4-10. These comparisons are made based on changes in the student's achievement level from one year to the next.

Certificates Scores on the "Sunshine State Standards" part of FCAT are used to award students with certificates of accomplishment. For Reading and Mathematics, students who score in Achievement Level 5 receive certificates. For Writing, certificates are given to all students with scores of 5.5 and 6 and to fourth graders with scores of 5, 5.5 and 6. Certificates are not awarded based on the Norm-Referenced Test scores.

Informes del FCAT (Spanish)

Los resultados de los exámenes de lectura y matemáticas del FCAT se proporcionan en dos informes por separado, uno para los exámenes según las normas estatales "Sunshine State Standards" (SSS, por sus siglas en inglés) y uno para los exámenes ceñidos a normas de aplicación nacional (NRT, por sus siglas en inglés). Un tercer informe contiene los resultados del examen de redacción del FCAT de los grados 4^{to}, 8^{vo}, 10^{mo}.

El informe según las normas estatales "Sunshine State Standards" del FCAT presenta las calificaciones del examen de las normas académicas de Florida. El éxito de este examen puede entenderse mejor utilizando los niveles de rendimiento en los que se prefiere una calificación de 3 o superior. Este informe contiene dos tipos de calificaciones (calificaciones por materia y calificaciones por contenido). Las calificaciones por materia proporcionan un resumen general del rendimiento y las calificaciones por contenido proveen el número de puntos ganados en áreas de habilidades específicas.

El informe del examen ceñido a normas de aplicación nacional (Norm-Referenced Test) presenta los resultados de Lectura y Matemáticas en una versión de Florida del SAT9 publicado por (Harcourt Educational Measurement). Los resultados obtenidos por los estudiantes se comparan con el grupo modelo o "norma", en el que la clasificación percentil de 50 es el promedio.

Niveles de rendimiento: El nivel de rendimiento es uno de los temas evaluados en el examen *Sunshine State Standards* del FCAT. Estos niveles describen el éxito que un estudiante ha logrado en las normas estatales *Sunshine State Standards* que se prueban en el FCAT. El nivel 5 es el más alto y el nivel 1 es el más bajo.

- 5 El rendimiento a este nivel indica que el estudiante tiene éxito con el contenido más difícil del examen *Sunshine State Standards*. Un estudiante del nivel 5 responde la mayoría de las preguntas del examen correctamente incluyendo las preguntas más difíciles.
- 4 El rendimiento a este nivel indica que el estudiante tiene éxito con el contenido difícil del examen *Sunshine State Standards*. Un estudiante del nivel 4 responde la mayoría de las preguntas correctamente, pero es posible que sólo tenga algún éxito en preguntas que reflejan el contenido más difícil.
- 3 El rendimiento a este nivel indica que el estudiante tiene éxito parcial con el contenido difícil del examen *Sunshine State Standards* pero el rendimiento no es uniforme. Un estudiante de nivel 3 responde muchas de las preguntas del examen correctamente pero por lo general tiene menos éxito con las preguntas que son más difíciles.
- 2 El rendimiento a este nivel indica que el estudiante tiene éxito limitado en el examen *Sunshine State Standards*.
- 1 El rendimiento a este nivel indica que el estudiante tiene poco éxito con el contenido difícil del examen *Sunshine State Standards*.

Evolución de un año al otro: Los exámenes *Sunshine State Standards* del FCAT en lectura y matemáticas se administran desde 3^{er} a 10^{mo} grados. Por lo tanto, el logro en dos años puede compararse con los grados desde 4^{to} hasta 10^{mo}. Estas comparaciones se hacen basadas en los cambios en el nivel de rendimiento del estudiante de un año a otro.

Certificados: Las calificaciones de la parte *Sunshine State Standards* del FCAT se utilizan para otorgar certificados de logros a los estudiantes. Para lectura y matemáticas, los estudiantes que logran un nivel de rendimiento 5 reciben certificados. Para redacción, los certificados se otorgan a todos los estudiantes que han obtenido 5.5 y 6 puntos y a los estudiantes de cuarto grado que han obtenido 5, 5.5 y 6. Los certificados no se otorgan basados en los resultados de los exámenes ceñidos a normas de aplicación nacional.

Rapò FCAT (Haitian Creole)

Yo bay de (2) rapò apa pou rezilta egzamen lekti ak matematik FCAT la, youn se pou egzamen "Sunshine State Standard" (SSS) yo, epi lòt la se pou egzamen ki baze sou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" (NRT) yo. Nan klas 4^{yè} 8^{yèm} ak 10^{yèm}, yo bay yon twazyèm rapò ki gen rezilta egzamen redaksyon FCAT la.

Rapò "Sunshine State Standards" pou FCAT la prezante nòt elè yo fè nan egzamen Florida bay sou prensip akademik yo. Pou ka konprann ki kantite siksè yon elèv pote nan egzamen sa a, ka itilize tablo nivo siksè elèv la. Nan tablo sa a, yo prefere lè yo elèv fè yon nòt 3 oswa yon nòt ki pi wo. Rapò a gen nòt pou sij ak nòt pou kontni ladann. Nòt pou sij a bay yon rezime jener sou tout sa elèv la reyalize nan egzamen an, epi nòt pou kontni a bay kantite pwen elèv la fè nan yon matyè byen detèmine.

Rapò sou egzamen ki baze sou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" yo prezante nòt pou lekti ak matematik nan vèsyon SAT9 Florida bay la. Se Harcourt Education Measurement ki te pibliye vèsyon sa a. Yo konpare nòt elèv yo a yon gwoup nòt yo konsidere kòm "modèl pou egzamen ofisyèl" l nan nivo nasyonal, kote suivan klasman pa pousantaj la, ni mwayèn nan se 50.

Nivo siksè elèv yo - Nivo siksè elèv yo se nòt pou youn nan matyè ki genyen nan egzamen sou "Sunshine State Standard" pou FCAT la. Nivo sa yo dekri siksè yon elèv reyalize lè elèv l pran egzamen "Sunshine State Standards" pou FCAT la. Pi gw nivo a se Nivo 5, pi piti nivo a se Nivo 1.

- 5 Pèfòmans nan nivo sa a demontre elèv la te gen siksè nan matyè ki te gen pi plis difikilte ladan yo nan egzamen "Sunshine State Standards" la. Yon elèv ki nan 5^{yèm} nivo reponn pi lòt kesyon egzamen yo kòrèkteman, elèv la menm reponn kesyon ki gen pi pl difikilte ladan yo.
- 4 Pèfòmans nan nivo sa a demontre elèv la te gen siksè nan matyè ki gen difikilte ladan yo nan egzamen "Sunshine State Standard" la. Yon elèv ki nan 4^{yèm} nivo reponn kesyon egzamen yo kòrèkteman, men li gen kèk siksè sèlman nan kesyon ki parèt ge pi plis difikilte ladan yo.
- 3 Pèfòmans nan nivo sa a demontre elèv la gen enpe siksè nan matyè ki gen difikilte ladan yo nan egzamen "Sunshine State Standards" la, men pèfòmans lan pa rete estab. Yon elèv 3^{yèm} niv reponn anpil nan kesyon egzamen yo kòrèkteman, men anjeneral gen mwens siksè ak kesyon ki parèt gen pi plis difikilte ladan yo.
- 2 Pèfòmans nan nivo sa a demontre siksè elèv la limite nan matyè l gen difikilte ladan yo nan egzamen "Sunshine State Standards" la.
- 1 Pèfòmans nan nivo sa a demontre elèv la gen yon ti siksè tou pi nan matyè ki gen difikilte ladan yo nan egzamen "Sunshine State Standards".

Pwogrè de ane an ane - Yo bay egzamen lekti ak matematik "Sunshine State Standards" pou FCAT la depi nan klas 3^{yèm} jisk klas 10^{yèm}. Konsa, ou ka konpare sa elèv yo reyalize panda dezan (2 an) depi nan klas 4^{yèm} jiska klas 10^{yèm}. Yo baz konparezon yo sou nivo siksè elèv la de ane an ane.

Sètifika - Daprè nòt elèv yo fè nan "Sunshine State Standards" pou FCAT la, yo ka bay yo sètifika pou sa yo akonpli. Pou lekti a Matematik, elèv ki fè gwo nòt ki klase pèfòmans yo nan 5^{yèm} niv resevwa sètifika. Pou redaksyon, tout elèv ki fè nòt 5.5 ak 6 ak tou elèv klas 4^{yèm} ki fè nòt 5, 5.5, ak 6 resevwa yon sètifika. Yo ba sètifika yo swivan nòt elèv yo fè nan egzamen ki baze sou "modèl egzamen ofisyèl FCAT itilize pou fè evalyasyon" yo.



**Spring 2002 Florida Comprehensive Assessment Test (FCAT)
Sunshine State Standards - Grade 06 Student Report**

District Name and Number
50 - PALM BEACH

The FCAT is a test developed in Florida to measure student achievement of the Sunshine State Standards (SSS) for reading, mathematics and writing. The test is one measure of how much students have learned and how prepared they are for more challenging work. The standards tested on FCAT were developed by groups of teachers and identify the knowledge and skills students should achieve as they move from grade to grade. The A+ Plan for Education established an annual assessment of student learning in grades three through ten as well as regular reports to parents. This report provides parents with independent information about the achievement and learning gains of their students.

2002 compared to 2001

2002 Achievement Levels and Scale Scores

Your FCAT score is reported in several ways. The Scale Score is a score between 100 and 500. The Achievement Level score is one of five success levels described on the back of this report.

Grade 06
Achievement Levels
Scale Score Ranges

	Reading	Mathematics
Level 5:	387-500	391-500
Level 4:	339-386	354-390
Level 3:	296-338	315-353
Level 2:	265-295	283-314
Level 1:	100-264	100-282

	Scale Score	Achievement Level
Reading		
Mathematics		

Your test scores show how you performed on the day you took the test. If you had taken this test numerous times, most of your scales scores would likely have fallen between two scores. Your FCAT Reading scores might have been between 287 and 319. Your FCAT Mathematics scores might have been between 298 and 328. The range reflects the amount of statistical variability in the scale score.

2002 Content Scores

Content scores show your performance on more specific areas of the Reading and Mathematics tests

The table shows the number of points possible and the number you earned for each category. Questions on this test were worth 1 point each.

	Number of Points Possible	Number of Points Earned
Reading		
Words/Phrases		
Main Idea/Purpose		
Comparisons		
Reference/Research		
Mathematics		
Number Sense		
Measurement		
Geometry		
Algebraic Thinking		
Data Analysis		

2001 Achievement Levels and Scale Scores***

This section of the report shows the scale scores and achievement level scores you earned last year. The table on the left shows the scale score ranges for the test you took last year.

Grade 05
Achievement Levels
Scale Score Ranges

	Reading	Mathematics
Level 5:	384-500	395-500
Level 4:	331-383	355-394
Level 3:	286-330	326-354
Level 2:	256-285	288-325
Level 1:	100-255	100-287

	Scale Score	Achievement Level
Reading		
Mathematics		

2001 to 2002 Learning Gains***

The Learning Gains section of this report shows an estimate of your progress from 2001 to 2002. Your learning gains are based on a comparison of your Achievement Level scores from year to year.

Reading Learning Gains:

Your FCAT Reading achievement level score improved over last year's score, and you have made good progress.

Mathematics Learning Gains:

Your FCAT Mathematics achievement level score improved over last year's score, and you have made progress.

*** 2001 scores and learning gains are reported if matching records were found on the computer file.

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FCAT Reports

The FCAT Reading and Mathematics test results are provided in two separate reports, one for the "Sunshine State Standards" (SSS) tests and one for the "Norm-Referenced Test" (NRT) tests. At grades 4, 8, and 10, a third report contains the FCAT Writing results.

The FCAT "Sunshine State Standards" report presents test scores from Florida's test of academic standards. Success on this test can be best understood by using the achievement levels where a 3 or higher is preferred. This report contains Subject Scores and Content Scores. Subject scores provide an overall summary of achievement, and content scores give the number of points earned in specific skill areas.

The "Norm-Referenced Test" report presents Reading and Mathematics scores on a Florida version of the SAT9 published by Harcourt Educational Measurement. Student scores are compared to a national "norm" group, where a percentile rank score of 50 is average.

Achievement Levels The achievement level is one of the subject scores on the FCAT "Sunshine State Standards" test. These levels describe the success a student has achieved on the Florida Sunshine State Standards tested on FCAT. Level 5 is the highest and Level 1 is the lowest.

- 5 Performance at this level indicates that the student has success with the most challenging content of the Sunshine State Standards. A level 5 student answers most of the test questions correctly, including the most challenging questions.
- 4 Performance at this level indicates that the student has success with the challenging content of the Sunshine State Standards. A level 4 student answers most of the test questions correctly, but may have only some success with questions that reflect the most challenging content.
- 3 Performance at this level indicates that the student has partial success with the challenging content of the Sunshine State Standards, but performance is inconsistent. A level 3 student answers many of the test questions correctly, but is generally less successful with questions that are the most challenging.
- 2 Performance at this level indicates that the student has limited success with the challenging content of the Sunshine State Standards.
- 1 Performance at this level indicates that the student has little success with the challenging content of the Sunshine State Standards.

Year-to-Year Growth The FCAT "Sunshine State Standards" tests in Reading and Mathematics are given in grades 3-10. Therefore, achievement across two years can be compared for grades 4-10. These comparisons are made based on changes in the student's achievement level from one year to the next.

Certificates Scores on the "Sunshine State Standards" part of FCAT are used to award students with certificates of accomplishment. For Reading and Mathematics, students who score in Achievement Level 5 receive certificates. For Writing, certificates are given to all students with scores of 5.5 and 6 and to fourth graders with scores of 5, 5.5 and 6. Certificates are not awarded based on the Norm-Referenced Test scores.

Informes del FCAT (Spanish)

Los resultados de los exámenes de lectura y matemáticas del FCAT se proporcionan en dos informes por separado, uno para los exámenes según las normas estatales "Sunshine State Standards" (SSS, por sus siglas en inglés) y uno para los exámenes ceñidos a normas de aplicación nacional (NRT, por sus siglas en inglés). Un tercer informe contiene los resultados del examen de redacción del FCAT de los grados 4^{to}, 8^{vo}, 10^{mo}.

El informe según las normas estatales "Sunshine State Standards" del FCAT presenta las calificaciones del examen de las normas académicas de Florida. El éxito de este examen puede entenderse mejor utilizando los niveles de rendimiento en los que se prefiere una calificación de 3 o superior. Este informe contiene dos tipos de calificaciones (calificaciones por materia y calificaciones por contenido). Las calificaciones por materia proporcionan un resumen general del rendimiento y las calificaciones por contenido proveen el número de puntos ganados en áreas de habilidades específicas.

El informe del examen ceñido a normas de aplicación nacional (Norm-Referenced Test) presenta los resultados de Lectura y Matemáticas en una versión de Florida del SAT9 publicado por (Harcourt Educational Measurement). Los resultados obtenidos por los estudiantes se comparan con el grupo modelo o "norma", en el que la clasificación percentil de 50 es el promedio.

Niveles de rendimiento: El nivel de rendimiento es uno de los temas evaluados en el examen *Sunshine State Standards* del FCAT. Estos niveles describen el éxito que un estudiante ha logrado en las normas estatales *Sunshine State Standards* que se prueban en el FCAT. El nivel 5 es el más alto y el nivel 1 es el más bajo.

- 5 El rendimiento a este nivel indica que el estudiante tiene éxito con el contenido más difícil del examen *Sunshine State Standards*. Un estudiante del nivel 5 responde la mayoría de las preguntas del examen correctamente incluyendo las preguntas más difíciles.
- 4 El rendimiento a este nivel indica que el estudiante tiene éxito con el contenido difícil del examen *Sunshine State Standards*. Un estudiante del nivel 4 responde la mayoría de las preguntas correctamente, pero es posible que sólo tenga algún éxito en preguntas que reflejan el contenido más difícil.
- 3 El rendimiento a este nivel indica que el estudiante tiene éxito parcial con el contenido difícil del examen *Sunshine State Standards* pero el rendimiento no es uniforme. Un estudiante de nivel 3 responde muchas de las preguntas del examen correctamente pero por lo general tiene menos éxito con las preguntas que son más difíciles.
- 2 El rendimiento a este nivel indica que el estudiante tiene éxito limitado en el examen *Sunshine State Standards*.
- 1 El rendimiento a este nivel indica que el estudiante tiene poco éxito con el contenido difícil del examen *Sunshine State Standards*.

Evolución de un año al otro: Los exámenes *Sunshine State Standards* del FCAT en lectura y matemáticas se administran desde 3^{er} a 10^{mo} grados. Por lo tanto, el logro en dos años puede compararse con los grados desde 4^{to} hasta 10^{mo}. Estas comparaciones se hacen basadas en los cambios en el nivel de rendimiento del estudiante de un año a otro.

Certificados: Las calificaciones de la parte *Sunshine State Standards* del FCAT se utilizan para otorgar certificados de logros a los estudiantes. Para lectura y matemáticas, los estudiantes que logran un nivel de rendimiento 5 reciben certificados. Para redacción, los certificados se otorgan a todos los estudiantes que han obtenido 5.5 y 6 puntos y a los estudiantes de cuarto grado que han obtenido 5, 5.5 y 6. Los certificados no se otorgan basados en los resultados de los exámenes ceñidos a normas de aplicación nacional.

Rapò FCAT (Haitian Creole)

Yo bay de (2) rapò apa pou rezilta egzamen lekti ak matema FCAT la, youn se pou egzamen "Sunshine State Standan (SSS) yo, epi lòt la se pou egzamen ki baze sou "modèl egzam ofisyèl FCAT itilize pou fè evalyasyon" (NRT) yo. Nan klas 4^{yèm} ak 10^{yèm}, yo bay yon twazyèm rapò ki gen rezilta egzam redaksyon FCAT la.

Rapò "Sunshine State Standards" pou FCAT la prezante nòt el yo fè nan egzamen Florida bay sou prensip akademik yo. Pou ka konprann ki kantite siksè yo n'elèv pote nan egzamen sa a, ka itilize tablo nivo siksè elèv la. Nan tablo sa a, yo preferè lè y elèv fè yon nòt 3 oswa yon nòt ki pi wo. Rapò a gen nòt pou s ak nòt pou kontni ladann. Nòt pou sijè a bay yon rezime jèn sou tout sa elèv la reyalize nan egzamen an, epi nòt pou kontni bay kantite pwen elèv la fè nan yon matyè byen detèmine.

Rapò sou egzamen ki baze sou "modèl egzamen ofisyèl FC itilize pou fè evalyasyon" yo prezante nòt pou lekti ak matema nan vèsyon SAT9 Florida bay la. Se Harcourt Educational Measurement ki te pibliye vèsyon sa a. Yo konpare nòt elèv yo yon gwoup nòt yo konsidere kòm "modèl pou egzamen ofisyèl" nan nivo nasyonal, kote suivan klasman pa pousantaj la, 1 mwayèn nan se 50.

Nivo siksè elèv yo - Nivo siksè elèv yo se nòt pou youn n matyè ki genyen nan egzamen sou "Sunshine State Standan pou FCAT la. Nivo sa yo dekri siksè yo n'elèv reyalize lè elèv pran egzamen "Sunshine State Standards" pou FCAT la. Pi g nivo a se Nivo 5, pi piti nivo a se Nivo 1.

- 5 Pèfòmans nan nivo sa a demontre elèv la te gen siksè nan mai ki te gen pi plis difikilte ladan yo nan egzamen "Sunshine St. Standards" la. Yon elèv ki nan 5^{yèm} nivo reponn pi fò kesyon egzamen yo kòrèkteman, elèv la menm reponn kesyon ki gen pi difikilte ladan yo.
- 4 Pèfòmans nan nivo sa a demontre elèv la te gen siksè nan mai ki gen difikilte ladan yo nan egzamen "Sunshine State Standan la. Yon elèv ki nan 4^{yèm} nivo reponn kesyon egzamen kòrèkteman, men li gen kèk siksè sèlman nan kesyon ki parèt g pi plis difikilte ladan yo.
- 3 Pèfòmans nan nivo sa a demontre elèv la gen enpe siksè n matyè ki gen difikilte ladan yo nan egzamen "Sunshine St. Standards" la, men pèfòmans lan pa rete estab. Yon elèv 3^{yèm} n. reponn anpil nan kesyon egzamen yo kòrèkteman, men anjener gen mwens siksè ak kesyon ki parèt gen pi plis difikilte ladan yo.
- 2 Pèfòmans nan nivo sa a demontre siksè elèv la limite nan matyè gen difikilte ladan yo nan egzamen "Sunshine State Standards".
- 1 Pèfòmans nan nivo sa a demontre elèv la gen yon ti siksè tou nan matyè ki gen difikilte ladan yo nan egzamen "Sunshine St. Standards".

Pwogrè de ane an ane - Yo bay egzamen lekti ak matema "Sunshine State Standards" pou FCAT la depi nan klas 3^{yèm} jis klas 10^{yèm}. Konsa, ou ka konpare sa elèv yo reyalize pand dezan (2 an) depi nan klas 4^{yèm} jiska klas 10^{yèm}. Yo ba konparezon yo sou nivo siksè elèv la de ane an ane.

Sètifika - Daprè nòt elèv yo fè nan "Sunshine State Standan pou FCAT la, yo ka bay yo sètifika pou sa yo akonpli. Pou lekti Matematik, elèv ki fè gwo nòt ki klase pèfòmans yo nan 5^{yèm} ni resevwa sètifika. Pou redaksyon, tout elèv ki fè nòt 5.5 ak 6 ak 6 elèv klas 4^{yèm} ki fè nòt 5, 5.5, ak 6 resevwa yon sètifika. Yo b sètifika yo swivan nòt elèv yo fè nan egzamen ki baze sou "mòd egzamen ofisyèl FCAT itilize pou fè evalyasyon" yo.



FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001

**NORM-REFERENCED TEST
Student Report
Grade 05**

School Name and Number
District Name and Number
50 - PALM BEACH

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

SUBJECT SCORES

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension			
Mathematics Problem Solving			

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 481 to 802. Mathematics Problem Solving Scale Scores range from 467 to 781.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 28 and 43. For Mathematics Problem Solving, your National Percentile Rank should be between 55 and 79.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
Reading Comprehension	54		
Initial Understanding	12		
Interpretation	24		
Critical Analysis	9		
Strategies	9		
Mathematics Problem Solving	48		
Measurement	6		
Estimation	4		
Problem Solving	5		
Number Relationships	6		
Number Systems	5		
Patterns & Functions	3		
Algebra	3		
Statistics	6		
Probability	3		
Geometry	7		

Each question was worth 1 point.

INGR88



FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001

SUNSHINE STATE STANDARDS
 Student Report
 Grade 05

District Name and Number
 50 - PALM BEACH

This report shows your results from the FCAT Sunshine State Standards Test.

The FCAT Sunshine State Standards Test measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know. Achievement levels for the reading portion of FCAT have not yet been determined. The table below shows the scale score ranges for each Achievement Level for the mathematics test.

FCAT Student Achievement Levels Scale Score Ranges

	Reading	Mathematics
Level 5:	TO BE DETERMINED	395-500
Level 4:		355-394
Level 3:		326-354
Level 2:		288-325
Level 1:		100-287

Student Achievement Level Descriptions

- LEVEL 5: Performance at this level indicates that the student has success with the most challenging content of the *Sunshine State Standards*. A Level 5 student answers most of the test questions correctly, including the most challenging questions.
- LEVEL 4: Performance at this level indicates that the student has success with the challenging content of the *Sunshine State Standards*. A Level 4 student answers most of the questions correctly but may have only some success with questions that reflect the most challenging content.
- LEVEL 3: Performance at this level indicates that the student has partial success with the challenging content of the *Sunshine State Standards*, but performance is inconsistent. A Level 3 student answers many of the questions correctly but is generally less successful with questions that are most challenging.
- LEVEL 2: Performance at this level indicates that the student has limited success with the challenging content of the *Sunshine State Standards*.
- LEVEL 1: Performance at this level indicates that the student has little success with the challenging content of the *Sunshine State Standards*.

Your scores are shown below.

SUBJECT SCORES

	Student Achievement Level	Scale Score	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Mathematics					

If you took the test again, your scores might be slightly higher or lower than the scores on this report. However, your scores would probably fall within a certain range. For reading, your scale score should be between 280 and 296. For mathematics, your scale score should be between 225 and 267.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 05 Florida students who took this test.

CONTENT SCORES

	Number of Points Possible	Number of Points Earned	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Words/Phrases					
Main Idea/Purpose					
Comparisons					
Reference/Research					
Mathematics					
Number Sense					
Measurement					
Geometry					
Algebraic Thinking					
Data Analysis					

The Content chart shows the number of points possible and the number of points earned for each category. Each question on this portion of the test was worth one point. The results on your performance items will be reported separately.

**TBD: To Be Determined

Run Date: 04/26/2001

0299051

15GR05

MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT PERFORMANCE PLAN

STU ID: [REDACTED] FLA. ID: [REDACTED] NAME: [REDACTED] STATUS: A SEX: F ETHNIC: H BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED] CITY: M ZIP: 33178 PHONE: [REDACTED]

LUNCH: F DROPOUT PREVENT PGMS: ATHLETIC ELIGIBILITY: N CCP: TRANSFER CRSE INFO: NO

UNWEIGHTED GPA: WEIGHTED GPA: RANK:

COMMUNITY SERVICE HOURS: 000 COMPLETED ON: / / ESOL: LEVEL 5 EXIT DATE 06/11/97

MOST RECENT PSYCHOLOGICAL CASE OPEN: SCMS REFERRALS: STANDARD DIPLOMA:

TOTAL ABSENCES: 4 TOTAL TARDIES: 15 TOT DAYS SUSPEN: INDOOR: 0 OUTDOOR: 0 TOTAL ABS PREVIOUS YEAR: 7

PARENT/GUARDIAN:	LAST NAME	FIRST NAME	REL	EMPLOYMENT	PHONE	PRIMARY HOME LANGUAGE
	[REDACTED]	[REDACTED]	M	[REDACTED]	[REDACTED]	SPANISH
			O	[REDACTED]	[REDACTED]	

TESTING INFORMATION: COUNTYWIDE TEST SCORES

TEST DATE: 03/98 TEST GRADE: 02 TEST DATE: 03/97 TEST GRADE: 01

	STANINE	PERCENTILE		STANINE	PERCENTILE
READING	[REDACTED]	[REDACTED]	READING		
MATH COMP	[REDACTED]	[REDACTED]	MATH COMP		
MATH APPL			MATH APPL		

SAT TEST SCORES		ACT TEST SCORES		HIGH SCHOOL COMPETENCY TEST	
VERBAL	SCORE	ENGLISH	SCORE	COMMUNICATION SKILLS/SCORE	MATHEMATICS SKILLS/SCORE
MATH		MATH			
TSWE		READING		SCHOLASTIC READING INVENTORY	
		SCIENCE REASONING		DATE: 1997-98/MAY	1998-99/SEPT
				LEVEL: [REDACTED]	[REDACTED]
				SCORE: [REDACTED]	[REDACTED]

REPORTING CYCLE: 981 CURRENT SCHOOL: [REDACTED] CURRENT GRADE: 03

SCHL TRM	COURSE TITLE	SP	EP	ROOM	1	2	3	4	FG	E	C	AB	SCHL TRM	COURSE TITLE	SP	EP	ROOM	1	2	3	4	FG	E	C	AB
5101	A LANG ARTS			0051	[REDACTED]	5101	A READING			0051	[REDACTED]														
5101	A MATHMATIC			0051	[REDACTED]	5101	A SCIENCE			0051	[REDACTED]														
5101	A SOC STUDY			0051	[REDACTED]	5101	A ART			51	[REDACTED]														
5101	A MUSIC			51	[REDACTED]	5101	A PHYS ED			51	[REDACTED]														
5101	A SPANISH-S			0051	[REDACTED]																				

* DENOTES INACTIVE COURSE ‡ DENOTES BELOW GRADE LEVEL

EXCEPTIONAL CHILD PROGRAM:

PRIMARY EXCEPTIONALITY: IEP DATE: EVALUATION DATE:

PARENT'S SIGNATURE [REDACTED]

DATE 02/16/99



ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

CST: *cong consult.*

Student's Name: [redacted] Date and Type* of Conferences: (2/5/98) () () ()

School: [redacted] Grade: 3 DOB: [redacted] CST Chairperson: [redacted] Student ID: [redacted]

Problem Area (Objective, Specific and Quantifiable): *Staying on task.*

Replacement Behavior: [redacted] *will stay on task.*

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. <i>Student will sit near the teacher</i>	<i>10/1/98</i>	[redacted]
2. <i>Student will have work assigned and written on the board</i>	<i>10/1/98</i>	[redacted]
3. <i>Teacher gives positive reinforcement</i>	<i>10/1/98</i>	[redacted]
4. <i>Student works with a peer</i>	<i>10/2/98</i>	[redacted]
5. <i>Student is given extra time</i>	<i>10/2/98</i>	[redacted]

FOLLOW-UP QUESTION: *Has [redacted] improved on staying on task?*

Problem Area (Objective, Specific and Quantifiable): *Completing Assignments*

Replacement Behavior: [redacted] *will complete assignments*

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. <i>Student has a structured homework chart</i>	<i>9/1/98</i>	[redacted]
2. <i>Teacher explains assignments to her individually</i>	<i>10/1/98</i>	[redacted]
3. <i>Student works with a peer</i>	<i>10/1/98</i>	[redacted]
4. <i>Due Dates for assignments are posted in the room</i>	<i>9/10/98</i>	[redacted]
5. <i>Student has adequate time to complete assignments</i>	<i>9/10/98</i>	[redacted]

FOLLOW-UP QUESTION: *Has [redacted] improved on completing assignments?*

* Type of Conferences: CST, LEP, ESE, and 504

SCHOOL NO. [REDACTED]



STUDENT CASE MANAGEMENT REFERRAL FORM

SCM # [REDACTED]

SECTION I. TO BE COMPLETED BY REFERRING PARTY

STUDENT NAME [REDACTED] STUDENT ID [REDACTED] HOME ROOM 307 GRADE LEVEL 3 PERIOD OF DAY _____ INCIDENT DATE 2 10 99 TIME [REDACTED] (Military)

REFERRED BY [REDACTED] REFERRED TO [REDACTED]

ARRATIVE: (CLEARLY STATE WHY THE STUDENT IS BEING REFERRED)
Student Performance Plan
Reading and Math

- PARENT CONTACT: (Circle Yes or No)
- 1. For This Behavior YES NO
 - 2. For Other Misbehavior YES NO
 - 3. Contact Attempted YES NO
 - 4. Contact Made:
 - 4A. Verbal YES NO
 - 4B. Written YES NO

SECTION II. FOR ADMINISTRATOR/DESIGNEE USE ONLY

ENTER REASON FOR REFERRAL CODES BELOW: (ENTER NO MORE THAN 4 CODES)
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
OTHER INCIDENT INFO = LOCATION: [REDACTED] CONTEXT: [REDACTED]
COMPUTER RECORDED

ENTER REFERRAL ACTION INFORMATION BELOW:

DATE	TIME (Military)	EMPLOYEE NO.	INITIALS	REFERRAL ACTION CODE
2 10 99	8:00	[REDACTED]	[REDACTED]	R 7

Comments: _____

Agency/Case Number (If Applicable) _____
178-2016

SECTION III. FOR STUDENT SERVICE PROVIDER USE ONLY

ENTER STUDENT SERVICE INFORMATION BELOW:
COMPUTER RECORDED

DATE	TIME (Military)	EMPLOYEE NO.	INITIALS	STUDENT SERVICE CODE
02/10/99		[REDACTED]	[REDACTED]	K 1
				K 2
				K 4
				K 5
				K 9
				E 1

Comments: _____



ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

CST: Coop. Consult.

Student's Name: [REDACTED]	Date and Type* of Conferences: (2/3/98) () () ()		
School: [REDACTED]	Grade: 3	DOB: [REDACTED]	CST Chairperson: [REDACTED] Student ID. # [REDACTED]

Problem Area (Objective, Specific and Quantifiable):

Replacement Behavior:

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1.		
2. <i>See next page →</i>		
3.		
4.		
5.		

FOLLOW-UP QUESTION:

Problem Area (Objective, Specific and Quantifiable): *Has difficulty comprehending what he/she reads.*

Replacement Behavior: *He/she will demonstrate adequate comprehension when reading.*

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. <i>Have him/her work individually</i>	<i>10-1-98</i>	<i>teacher/ aide</i>
2. <i>and in small group with classroom aide.</i>		
3. <i>Teach student to use context clues when identifying words.</i>	<i>10-1-98</i>	<i>Teacher</i>
4.		
5. <i>Adjust material to her/his level when needed</i>	<i>10-1-98</i>	<i>Teacher</i>

FOLLOW-UP QUESTION: *Is he/she progressing adequately with her reading comprehension?*

* Type of Conferences: CST, LEP, ESE, and 504

(Over)

FM-5239 (06-94)

23

Child Study Team Procedures

Does not show adequate improvement. 12/3/99



CST STUDENT INVENTORY (Elementary Level)

(Adapted from materials developed by RHR Consultants)

Doc Type: 4996

Demographic Information		Date (MM/DD/YY):
Print Student's Name:	[Redacted]	Student ID. NO. [Redacted]
Teacher(s):	[Redacted]	D.O.B. [Redacted] Age:
Class/Course: <i>Second Grade</i>	Grade: <i>2nd</i>	ESOL Level: <i>5</i>
School: [Redacted]	Reading Level: <i>12</i>	Math Level: <i>12</i>

+ Strengths (commensurate with peers)

o Weakness in regular class settings

INFORMATION INPUT (How Student Learns)

Textbook	o
Worksheet/Workbooks	o
Oral Presentations	o
Discussion	o
A-V Materials	o
Hand-On Experience	o
Observation	o
Boardwork	o
Reference Material	o
Computers	o
Teacher-Directed Activity	o
Peer Tutors	o
Independent Work	o
With An Adult	o
In A Small Group	o
With The Whole Class	o
Other _____	o

INFORMATION OUTPUT (How Student Responds)

Essay	o
Written Reports	o
Short Answer	o
Creative Writing	o
Worksheets/Workbooks	o
Multiple Choice/Matching	o
True/False	o
Math Word Problems	o
Computation	o
Demo./Lab Projects	o
Art or Media Projects	o
Maps, Charts or Graphs	o
Oral Responses	o
Group Discussion	o
Boardwork	o
Oral Reports	o
Other _____	o

LEARNING AND BEHAVIOR PROBLEMS

(Check only items of the highest priority. Maximum of 5).

Asking Questions in Class	61	93	Remembering (general skills)	
Categorizing	96	11, 49	Seeing Relationships	
Class Discussion	26	35	Staying on Task	
Completing Assignments	25		Study Skills &	
Following Directions	23, 57	106	Learning Strategies	
Getting Started	44	108	Taking Notes	
Independent Work Skills	18	47, 109	Taking Tests	
Learning from Demonstrations	102	92	Thinking Skills	
Learning from Oral Presentations	29		Transferring	
Learning from Tape Recordings	46	17	Information or Skills	
Listening	31, 56		Understanding	
Mathematics	34	55, 64, 75	Content Vocabulary	
Oral Expression	42	28	Working in Groups	
Organization	38	51, 103	Writing	
Paying Attention	8		Other _____	
Reading Content Material	40		Other _____	
Reading Specific Information	16			

Page # numbers refer to manual Beyond Mainline and Beyond

FM-4996 (10-92)



OSTC 2/198

*Non Reader in Spanish
Exited ESOL 6/99*

CST STUDENT INVENTORY (Elementary Level)

(Adapted from materials developed by RHR Consultants)

Doc Type: 4996

Demographic Information			Date (MM/DD/YYYY)
Student's Name:	[Redacted]	Student ID. No. [Redacted]	
Teacher(s)	[Redacted]	D.O.B.	Age:
Course: <i>Second Grade</i>	[Redacted]	Grade: <i>2nd</i>	ESOL Level: <i>5</i>
Address:	[Redacted]	Reading Level: <i>12</i>	Math Level: <i>12</i>

+ Strengths (commensurate with peers)

o Weakness in regular class settings

INFORMATION INPUT

(How Student Learns)

INFORMATION OUTPUT

(How Student Responds)

<input type="checkbox"/> Textbook <input type="checkbox"/> Worksheet/Workbooks <input type="checkbox"/> Oral Presentations <input type="checkbox"/> Discussion <input type="checkbox"/> A-V Materials <input type="checkbox"/> Hand-On Experience <input type="checkbox"/> Observation <input type="checkbox"/> Boardwork <input type="checkbox"/> Reference Material <input type="checkbox"/> Computers <input type="checkbox"/> Teacher-Directed Activity <input type="checkbox"/> Peer Tutors <input type="checkbox"/> Independent Work <input type="checkbox"/> With An Adult <input type="checkbox"/> In A Small Group <input type="checkbox"/> With The Whole Class <input type="checkbox"/> Other _____	<input type="checkbox"/> Essay <input type="checkbox"/> Written Reports <input type="checkbox"/> Short Answer <input type="checkbox"/> Creative Writing <input type="checkbox"/> Worksheets/Workbooks <input type="checkbox"/> Multiple Choice/Matching <input type="checkbox"/> True/False <input type="checkbox"/> Math Word Problems <input type="checkbox"/> Computation <input type="checkbox"/> Demo./Lab Projects <input type="checkbox"/> Art or Media Projects <input type="checkbox"/> Maps, Charts or Graphs <input type="checkbox"/> Oral Responses <input type="checkbox"/> Group Discussion <input type="checkbox"/> Boardwork <input type="checkbox"/> Oral Reports <input type="checkbox"/> Other _____
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LEARNING AND BEHAVIOR PROBLEMS

(Check only items of the highest priority. Maximum of 5).

<input type="checkbox"/> Asking Questions in Class <input type="checkbox"/> Categorizing <input type="checkbox"/> Class Discussion <input type="checkbox"/> Completing Assignments <input type="checkbox"/> Following Directions <input type="checkbox"/> Getting Started <input type="checkbox"/> Independent Work Skills <input type="checkbox"/> Learning from Demonstrations <input type="checkbox"/> Learning from Oral Presentations <input type="checkbox"/> Learning from Tape Recordings <input type="checkbox"/> Listening <input type="checkbox"/> Mathematics <input type="checkbox"/> Oral Expression <input type="checkbox"/> Organization <input type="checkbox"/> Paying Attention <input type="checkbox"/> Reading Content Material <input type="checkbox"/> Reading Specific Information	61 96 26 25 23, 57 44 18 102 29 46 31, 56 34 42 38 8 40 16	93 11, 49 35 106 108 47, 109 92 17 55, 64, 75 28 51, 103 Other _____ Other _____	<input type="checkbox"/> Remembering (general skills) <input type="checkbox"/> Seeing Relationships <input type="checkbox"/> Staying on Task <input type="checkbox"/> Study Skills & <input type="checkbox"/> Learning Strategies <input type="checkbox"/> Taking Notes <input type="checkbox"/> Taking Tests <input type="checkbox"/> Thinking Skills <input type="checkbox"/> Transferring <input type="checkbox"/> Information or Skills <input type="checkbox"/> Understanding <input type="checkbox"/> Content Vocabulary <input type="checkbox"/> Working in Groups <input type="checkbox"/> Writing
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Page # numbers refer to manual Beyond Mainline and Beyond

FM-4996 (10-92)

SD08 33-R262 LIMITED ENGLISH PROFICIENCY COURSES 02/03/98 11.22.12

STUDENT ID [REDACTED] FLA STU ID [REDACTED] STATUS A SEX F ETHNIC H

LEGAL NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] BIRTHDATE [REDACTED]

CURRENT SCHOOL 4 GRADE 02 HK SCLT 2M DATE ENTERED 09/02/97

SURVEY: DATE 11 / 07 / 95 RESPONSES Y Y Y PARENT/GUARDIAN LANG SP STU LANG SP

ASSESSMENT: DATE 11 / 07 / 95 OLPS SCORE 13 LEP (Y/N) N ESOL LEVEL 5

METROPOLITAN: GRADE RAN SCORE: RDG LANG PERCENTILE: RDG LANG

ENTRY DATE 11 / 07 / 95 BASIS OF ENTRY A ESOL SEMESTER 03 LEP SERVICES LF

EXIT DATE 06 / 11 / 97 BASIS OF EXIT A OLPS SCORE 19

METROPOLITAN: GRADE RAN SCORE: RDG LANG PERCENTILE: RDG LANG

RECLASSIFICATION DATE / /

SCHL	CRSE	EMP	HRS/WK	MIN/WK	SCHL	CRSE	EMP	HRS/WK	MIN/WK
NUM	NUM	NUM			NUM	NUM	NUM		
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LAST TRANS DATE 06/12/97 LEP PLAN DATE 06/12/97 ESOL LEVEL UP DATE 06/12/97

SI12-82-R262

COUNTYWIDE TEST SCORES

02/03/98 14.24.30

STUDENT ID [REDACTED] FLD SFU ID [REDACTED] STATUS A SEX F ETHNIC H
 LEGAL NAME LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] RCI DLS [REDACTED] APT
 CURRENT SCHOOL [REDACTED] GRADE 02 ENTRY DATE 07/02/97 BIRTHDATE [REDACTED]

TEST YEAR (GRADE) 97 (01) | () | () | () | ()
 TEST OPTION 4 | | | | |

	STA9 % CD*				
READ COMP					
MATH COMP					
MATH APP / MATH					
LANG MICH / ENGLISH					
WORD STUDY					
WORD READ / READ VOC					
CONC NBR					
SCIENCE					
SOC SCI					

TEST OPTIONS:

- 0) NOT TESTED, OTHER
 - 1) TESTED BUT USE
 - 2) TESTED BUT LEP
 - 3) NOT TESTED BECAUSE USE
 - 4) NOT TESTED BECAUSE LEP
 - 5) EXTENDED TIME - USE
 - 6) TESTED BUT USE AND LEP
- *CD : ABSENT/IRREGULAR CODE

No test taken at that time



CST STUDENT INVENTORY (Elementary Level)

(Adapted from materials developed by RHR Consultants)

Doc Type: 4996

Demographic Information		Date (MM/DD/YY):
Print Student's Name:	[Redacted]	Student ID. NO. [Redacted]
Teacher:	[Redacted]	D.O.B. [Redacted] Age:
Class/Course: <i>Second Grade</i>	Grade: <i>2nd</i>	ESOL Level: <i>5</i>
School: [Redacted]	Reading Level: <i>12</i>	Math Level: <i>12</i>

+ Strengths (commensurate with peers)

o Weakness in regular class settings

INFORMATION INPUT

(How Student Learns)

_____	Textbook
_____	Worksheet/Workbooks
_____	Oral Presentations
_____	Discussion
_____	A-V Materials
_____	Hand-On Experience
_____	Observation
_____	Boardwork
_____	Reference Material
_____	Computers
_____	Teacher-Directed Activity
_____	Peer Tutors
_____	Independent Work
_____	With An Adult
_____	In A Small Group
_____	With The Whole Class
_____	Other _____

INFORMATION OUTPUT

(How Student Responds)

_____	Essay
_____	Written Reports
_____	Short Answer
_____	Creative Writing
_____	Worksheets/Workbooks
_____	Multiple Choice/Matching
_____	True/False
_____	Math Word Problems
_____	Computation
_____	Demo./Lab Projects
_____	Art or Media Projects
_____	Maps, Charts or Graphs
_____	Oral Responses
_____	Group Discussion
_____	Boardwork
_____	Oral Reports
_____	Other _____

LEARNING AND BEHAVIOR PROBLEMS

(Check only items of the highest priority. Maximum of 5).

_____	Asking Questions in Class	61	93	Remembering (general skills)	_____
_____	Categorizing	96	11, 49	Seeing Relationships	_____
_____	Class Discussion	26	35	Staying on Task	_____
_____	Completing Assignments	25		Study Skills &	_____
_____	Following Directions	23, 57	106	Learning Strategies	_____
_____	Getting Started	44	108	Taking Notes	_____
_____	Independent Work Skills	18	47, 109	Taking Tests	_____
_____	Learning from Demonstrations	102	92	Thinking Skills	_____
_____	Learning from Oral Presentations	29		Transferring	_____
_____	Learning from Tape Recordings	46	17	Information or Skills	_____
_____	Listening	31, 56		Understanding	_____
_____	Mathematics	34	55, 64, 75	Content Vocabulary	_____
_____	Oral Expression	42	28	Working in Groups	_____
_____	Organization	38	51, 103	Writing	_____
_____	Paying Attention	8		Other _____	_____
_____	Reading Content Material	40		Other _____	_____
_____	Reading Specific Information	16			_____

Page # numbers refer to manual Beyond Mainline and Learning

FM-4996 (10-92)



ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

Student's Name	[Redacted]	Date and Type* of Conferences: (10/20/97) (11/12/97) (1/8/98) (1/21/98)
Grade: 2	DOB: [Redacted]	CST Chairperson: [Redacted]
Student ID: [Redacted]		

Problem Area (Objective, Specific and Quantifiable):
Retention-retain reading subject taught

Replacement Behavior:
Retain 20% of subject taught

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s)
1. One-to-one reading instruction (Teacher/student)	11/13/97	[Redacted]
2. Small group assignments teacher directed	11/13/97	" "
3. Smaller assignments	11/13/97	" "
4.		
5.		

FOLLOW-UP QUESTION: Will [Redacted] retain 20% of subject taught and stay on task after using all strategies in subject area?

Problem Area (Objective, Specific and Quantifiable):
Does not stay on task

Replacement Behavior:
Reduce difficult work and allow more time to improve by 20%

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s)
1. Shortened assignments-teacher available	11/13/97	[Redacted]
2. frequent checks for reinforcement or help	" "	" "
3. teacher directed activities step/step	" "	" "
4. peer tutor	" "	" "
5.		

FOLLOW-UP QUESTION: Will [Redacted] learn to stay on task and reflect a 20% improvement after using all strategies mentioned in all subject areas?

* Type of Conferences: CST, LEP, ESE, and 504

(Over)

FM-5239 (06-94)

Does not show adequate improvement
[Signature] 10/3/99



STUDENT CASE MANAGEMENT STUDENT SERVICES FORM

12/10/1

COMPUTER RECORDED

SCHOOL NO. [REDACTED]

EMPLOYEE NO. [REDACTED]

EMPLOYEE NAME [REDACTED]

STUDENT ID	STUDENT NAME	GR/SECT	SCM #	DATE			TIME (Military)	SERVICE CODE
				Mo.	Day	Yr.		
[REDACTED]	[REDACTED]	3	[] [] [] [] [] []	10	08	98	8:00	C9
				11	02	98	8:00	C9
				11	12	98	11:00	D3
				11	19	98	11:00	D3
				12	03	98	11:00	D3
				12	01	98	15:00	L1
				11	02	98	8:30	L1
				11	04	98	8:00	C9
				11	23	98	9:00	V1

COMMENTS:

D3 - Small group

10/8 - teacher requests assistance from Child Study team.

REFERRED BY:

878-2164

WHITE - For Data Entry (Attendance), Then Student Cum Folder; YELLOW - To Administrator
GREEN - To Referring Party; PINK - To Service Provider

FM-3673 REV. (04-87)

COMMENTS:

1st Q. D-C-C-D-F (soc. st.)

11/02 - notice sent home concerning upcoming Child Study meeting

[REDACTED]

12/11/98

11/23 -
to

[REDACTED]

878-2164

WHITE - For Data Entry (Attendance), Then Student Cum Folder; YELLOW - To Administrator
GREEN - To Referring Party; PINK - To Service Provider

FM-3673 REV. (04-87)

1-31-R2G4 STUDENT RECORD / SUBJECTS 12/03/98 11.15.55

IDENT ID [REDACTED] SCHOOL [REDACTED] GRADE 03 HR 38L PRO ST SCHL CD
SEX F ETH H ADD SCHL CD

STHDATE [REDACTED]
ST SUB UPDT 09/23/98 RECORD UPDT 11/08/98 LAST GRD UPDT 09/23/98

REPORTING CYCLE 981 GRADING PERIOD

CYCLE TOTAL ABSENCES 002 CYCLE TOTAL TARDIES 009

PROGRAM NO. 05

DE 03 HR 38L

SEQ/SEC	CRS NUM	TRN TITLE	ROOM	TEACHER	1234	F	G
1	A04 01 510009032	A LANG ARTS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	E03 01 510009021	A READING	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	G03 01 510009007	A MATHEMATIC	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	H04 01 510009063	A SCIENCE	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	I04 01 510009012	A SOC STUDY	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	J04 01 510009015	A ART	P3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	K04 01 510009016	A MUSIC	P3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	L04 01 510009017	A PHYS ED	P3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
1	N04 01 510009020	A SPANISH-S	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

KEY DESIRED GRADING PER

8-33-R2G4 LIMITED ENGLISH PROFICIENCY COURSES 12/03/98 12.12.01

IDENT ID [REDACTED] FLA STU ID [REDACTED] STATUS A SEX F ETHNIC H

LEGAL NAME: LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED] BIRTHDATE [REDACTED]

IDENT SCHOOL [REDACTED] GRADE 03 HR SECT 38L DATE ENTERED 08/31/98

ADMISSION DATE 11 / 07 / 95 RESPONSES Y Y Y PARENT/GUARDIAN LANG SP STU LANG SP

ASSESSMENT DATE 11 / 07 / 95 OLPS SCORE 13 LEP (Y/N) N ESOL LEVEL 5

METROPOLITAN: GRADE [REDACTED] RAW SCORE: RDG LANG PERCENTILE: RDG LANG

ENTRY DATE 11 / 07 / 95 BASIS OF ENTRY A ESOL SEMESTER 03 LEP SERVICES LF

EXIT DATE 06 / 11 / 97 BASIS OF EXIT A OLPS SCORE 19

METROPOLITAN: GRADE [REDACTED] RAW SCORE: RDG LANG PERCENTILE: RDG LANG

CLASSIFICATION DATE / /

SCHL	CRSE	EMP	HRS/WK	MIN/WK	SCHL	CRSE	EMP	HRS/WK	MIN/WK
NUM	NUM	NUM			NUM	NUM	NUM		

TRANS DATE 06/12/97 LEP PLAN DATE 06/12/97 ESOL LEVEL UPDATE 06/12/97

MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT PERFORMANCE PLAN

STU ID: [REDACTED] FLA. ID: [REDACTED] NAME: [REDACTED] STATUS: A SEX: F ETHNIC: H BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED] CITY: M ZIP: 33178 PHONE: [REDACTED]

LUNCH: F DROPOUT PREVENT PGMS: ATHLETIC ELIGIBILITY: N CCP: TRANSFER CRSE INFO: NO

UNWEIGHTED GPA: WEIGHTED GPA: RANK:

COMMUNITY SERVICE HOURS: 000 COMPLETED ON: / / ESOL: LEVEL 5 EXIT DATE 06/11/97

MOST RECENT PSYCHOLOGICAL CASE OPEN: SCMS REFERRALS: STANDARD DIPLOMA:

TOTAL ABSENCES: 4 TOTAL TARDIES: 15 TOT DAYS SUSPEN: INDOOR: 0 OUTDOOR: 0 TOTAL ABS PREVIOUS YEAR: 7

PARENT/GUARDIAN:	LAST NAME	FIRST NAME	REL	EMPLOYMENT	PHONE	PRIMARY HOME LANGUAGE
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SPANISH

TESTING INFORMATION: COUNTYWIDE TEST SCORES

TEST DATE: 03/98 TEST GRADE: 02 TEST DATE: 03/97 TEST GRADE: 01

	STANINE	PERCENTILE		STANINE	PERCENTILE
READING	5	48	READING		
MATH COMP	7	77	MATH COMP		
MATH APPL			MATH APPL		

SAT TEST SCORES ACT TEST SCORES HIGH SCHOOL COMPETENCY TEST

SCORE	SCORE	COMMUNICATION SKILLS/SCORE
VERBAL	ENGLISH	MATHEMATICS SKILLS/SCORE
MATH	MATH	
TSWE	READING	
	SCIENCE REASONING	

SCHOLASTIC READING INVENTORY DATE: 1997-98/MAY 1998-99/SEPT LEVEL: [REDACTED] SCORE: [REDACTED]

REPORTING CYCLE: 981 CURRENT SCHOOL: [REDACTED] CURRENT GRADE: 03

SCHL TRM	COURSE TITLE	SP	EP	ROOM	1	2	3	4	FG	E	C	AB	SCHL TRM	COURSE TITLE	SP	EP	ROOM	1	2	3	4	FG	E	C	AB
5101	A LANG ARTS			0051	[REDACTED]	5101	A READING			0051	[REDACTED]														
5101	A MATHMATIC			0051	[REDACTED]	5101	A SCIENCE			0051	[REDACTED]														
5101	A SOC STUDY			0051	[REDACTED]	5101	A ART			51	[REDACTED]														
5101	A MUSIC			51	[REDACTED]	5101	A PHYS ED			51	[REDACTED]														
5101	A SPANISH-S			0051	[REDACTED]						[REDACTED]														

DENOTES INACTIVE COURSE # DENOTES BELOW GRADE LEVEL

EXCEPTIONAL CHILD PROGRAM:

PRIMARY EXCEPTIONALITY: IEP DATE: EVALUATION DATE:

PARENT'S SIGNATURE [REDACTED]

DATE 02/16/99

ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

CST: Conf Consult.

Student's Name: [Redacted] Date and Type* of Conferences: (2/5/98) () () ()
 Student ID: [Redacted] Grade: 3 DOB: [Redacted] CST Chairperson: [Redacted]

Problem Area (Objective, Specific and Quantifiable): Staying on task.

Replacement Behavior: [Redacted] will stay on task.

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. Student will sit near the teacher	10/1/98	[Redacted]
2. Student will have work assigned and written on the board	10/1/98	[Redacted]
3. Teacher gives positive reinforcement	10/1/98	[Redacted]
4. Student works with a peer	10/2/98	[Redacted]
5. Student is given extra time	10/2/98	[Redacted]

FOLLOW-UP QUESTION: Has [Redacted] improved on staying on task?

Problem Area (Objective, Specific and Quantifiable): Completing Assignments

Replacement Behavior: [Redacted] will complete assignments

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. Student has a structured homework chart	9/1/98	[Redacted]
2. Teacher explains assignments to her individually	10/1/98	[Redacted]
3. Student works with a peer	10/1/98	[Redacted]
4. Due Dates for assignments are posted in the room	9/10/98	[Redacted]
5. Student has adequate time to complete assignments	9/10/98	[Redacted]

FOLLOW-UP QUESTION: Has [Redacted] improved on completing assignments?

* Type of Conferences: CST, LEP, ESE, and 504

SCHOOL NO. [REDACTED]



STUDENT CASE MANAGEMENT REFERRAL FORM

SCM # 30173

SECTION I. TO BE COMPLETED BY REFERRING PARTY

STUDENT NAME [REDACTED] STUDENT ID [REDACTED] HOME ROOM 307 GRADE LEVEL 3 PERIOD [REDACTED] INCIDENT DATE 2/10/99 TIME [REDACTED] (Military)

REFERRED BY [REDACTED] REFERRED TO [REDACTED]
 REASON: (CLEARLY STATE WHY THE STUDENT IS BEING REFERRED)

- PARENT CONTACT: (Circle Yes or No)
- 1. For This Behavior YES NO
 - 2. For Other Misbehavior YES NO
 - 3. Contact Attempted YES NO
 - 4. Contact Made: YES NO
 - 4A. Verbal YES NO
 - 4B. Written YES NO

Student Performance Plan
 Reading and Math

SECTION II. FOR ADMINISTRATOR/DESIGNEE USE ONLY

ENTER REASON FOR REFERRAL CODES BELOW:
 (ENTER NO MORE THAN 4 CODES)

[9] [] [] [] [] COMPUTER RECORDED

OTHER INCIDENT INFO = LOCATION: CONTEXT:

ENTER REFERRAL ACTION INFORMATION BELOW:

DATE	TIME (Military)	EMPLOYEE NO.	INITIALS	REFERRAL ACTION CODE
Mo. Day Yr. 1/10/99	8:00	[REDACTED]	[REDACTED]	R 7

SECTION III. FOR STUDENT SERVICE PROVIDER USE ONLY

ENTER STUDENT SERVICE INFORMATION BELOW:

COMPUTER RECORDED

DATE	TIME (Military)	EMPLOYEE NO.	INITIALS	STUDENT SERVICE CODE
Mo. Day Yr. 02/10/99		[REDACTED]	[REDACTED]	K 1
				K 2
				K 4
				K 5
				K 9
				F 1

Comments: _____

ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

CST Corp. consult.

Name: [redacted] Date and Type* of Conferences: (2/5/98) () () ()
 Grade: 3 DOE [redacted] CST Chairperson: [redacted] Student ID. # [redacted]

Problem Area (Objective, Specific and Quantifiable):

Replacement Behavior:

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1.		
2. <i>See next page -></i>		
3.		
4.		
5.		

FOLLOW-UP QUESTION:

Problem Area (Objective, Specific and Quantifiable): *Has difficulty comprehending what he/she reads.*

Replacement Behavior: *He/she will demonstrate adequate comprehension when reading.*

Alternative(s) to be tried at Grade/School Level (Plan) <small>(Please note: These alternatives may be helpful with other students in the class as well).</small>	Date of Initiation	Person(s) Responsible
1. <i>Have him/her work individually</i>	<i>10-1-98</i>	<i>teacher/ aids</i>
2. <i>and in small group with classroom aide.</i>		
3. <i>Teach student to use context clues when identifying words.</i>	<i>10-1-98</i>	<i>Teacher</i>
4. <i>Adjust material to her/his level when needed.</i>	<i>10-1-98</i>	<i>Teacher</i>

FOLLOW-UP QUESTION: *Is he/she progressing adequately with her reading comprehension?*

* Type of Conferences: CST, LEP, ESE, and 504 (Over)

FM-5239 (06-94)

Child Study Team Procedures

Does not show adequate improvement. 12/3/99

Cont 4

*Shelley
gr 1*

ATTACHMENT

DADE COUNTY PUBLIC SCHOOLS

Oral Language Proficiency Scale Interview with Guidelines

SCORING SHEET

STUDENT'S NAME
EXAMINER
SCHOOL

[Redacted student and examiner information]

DATE 06/97

GRADE 1
RAW SCORE
ESOL LEVEL

[Redacted raw score and ESOL level]

QUESTION

RESPONSES

P R O N U N C I A T I O N
V O C A B U L A R Y
S T R U C T U R E
C O M P R E H E N S I O

1a

b

c

2

3

4

5

6

7

8

9a

b

c

d

e

f

[Large redacted area covering the right side of the response table]

NIRJ

10	
11	
12	
13a	
b	
c	
d	
e	
f	
g	
h	
i	
j	
k	N/A
14	
15	
16	
17	
18	
19a	
b	
c	
20a	
b	
c	
d	
e	



Subtotal

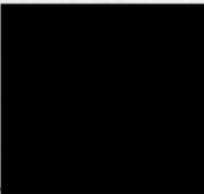
Individual Language Skill ESOL Level



RAW SCORES	ESOL LEVEL
04 - 05	I
06 - 09	II
10 - 13	III
14 - 17	IV
18 - 20	V

ESOL LEVEL

RAW SCORE



ATTACHMENT

DADE COUNTY PUBLIC SCHOOLS

Oral Language Proficiency Scale Interview with Guidelines

SCORING SHEET

STUDENT'S NAME [REDACTED]
EXAMINER [REDACTED]
SCHOOL [REDACTED] DATE 6/96 GRADE K.
RAW SCORE [REDACTED] ESOL LEVEL [REDACTED]

QUESTION #	RESPONSES	COMPREHENSION	STRUCTURE	VOCABULARY	PRONUNCIATION
1a					
b					
c					
2					
3					
4					
5					
6	She cut hair.				
7					
8					
9a	She cut hair.				
b					
c					
d					
e	She cut hair.				
f					

10	She go to (la picnic) y (la playa).
11	
12	I play in the ball, I eat carne,
13a	my pencil bracke.
b	
c	
d	
e	N/R
f	I not going to school tomorrow.
g	
h	
i	
j	
k	
14	I can't brake a crystal, una muñeca de cristal N/R
15	
16	
17	What time it is? IS raining?
18	
19a	
b	... b/c it's muñequitos.
c	
20a	
b	
c	
d	I wish I can have a little bird.
e	

Subtotal
Individual Language Skill ESOL Level

RAW SCORES	ESOL LEVEL
04 - 05	I
06 - 09	II
10 - 13	III
14 - 17	IV
18 - 20	V

ESOL LEVEL

RAW SCORE

→ 14

ATTACHMENT

DADE COUNTY PUBLIC SCHOOLS

Oral Language Proficiency Scale Interview with Guidelines

SCORING SHEET

STUDENT'S NAME [REDACTED] GRADE K.
EXAMINER [REDACTED] DATE 6/96 RAW SCORE [REDACTED]
SCHOOL [REDACTED] ESOL LEVEL [REDACTED]

QUESTION #	RESPONSES	COMPREHENSION	STRUCTURE	VOCABULARY	PRONUNCIATION
1a					
b					
c					
2					
3					
4					
5					
6	She go to work. She cut hair.				
7					
8					
9a	In the "living room"				
b					
c					
d					
e	un sofa, a lampara, un cuadro				
f					

68 38

DADE COUNTY PUBLIC SCHOOL

FULL SERVICE SCHOOLS ■ 1500 BISCAYNE BOULEVARD, SUITE 128 ■ MIAMI, FLORIDA 33132

MR. ROGER C. CUEVAS
SUPERINTENDENT OF SCHOOLS

MR. JOSEPH H. MATHOS
DEPUTY SUPERINTENDENT

DR. FRED C. RODGERS
DISTRICT DIRECTOR

DADE COUNTY SCHOOL BO.
DR. SOLOMON C. STINSON, C
MR. DEMETRIO PÉREZ, JR., VICE-C
MR. G. HOLMES BRAD
MR. RENIER DIAZ DE LA PORT
MS. BETSY H. KAI
DR. MICHAEL M. I
MS. MANTY SABATÉS M
MS. PERLA TABARES-HANT
MS. FREDERICA S. WII

HEARING SCREENING REFERRAL LETTER

Dear Parent(s):

The hearing screening recently performed at [redacted] School indicates that your child, [redacted] is in need of further evaluation. This does not necessarily mean that your child has a hearing problem, but it does mean that he/she should have an examination by an ear specialist. Hearing disorders can often be corrected, or at least be prevented from progressing. Therefore, we urge you to give this your immediate attention.

If you do not have an ear specialist, your child may be examined at the ENT - Conservation of Hearing Clinic Jackson Memorial Hospital. Should you choose to have your child examined at the clinic, you must complete 1 attached postage paid card and mail it. You will then be contacted for an appointment. All of the appointments are on Wednesday, and there is a minimum charge of \$75.

If you have any questions, or need additional information, please contact the Speech-Language Pathologist at your child's school.

[redacted]

Audiometrist

11/24/95
Date

PLEASE HAVE YOUR DOCTOR COMPLETE THE INFORMATION BELOW, AND RETURN THIS FORM TO THE SPEECH-LANGUAGE PATHOLOGIST AT YOUR CHILD'S SCHOOL.

Dear Doctor:

LEFT	RIGHT	Comments:
500 Hz <u>-F</u>	500 Hz <u>F</u>	
1000 Hz <u>F</u>	1000 Hz <u>F</u>	
2000 Hz <u>P</u>	2000 Hz <u>F</u>	
4000 Hz <u>F</u>	4000 Hz <u>F</u>	

Please note your findings and recommendations: _____

Signature of Ear Specialist Date



Nombre del Estudiante en Letras	[Redacted]	Fecha (MM/DD/YY)	7/23/99
		Numero de Identificación del Estudiante	[Redacted]

NOTIFICACION INFORMATIVA DE LA ELEGIBILIDAD PARA PROGRAMAS DE EDUCACION DE ESTUDIANTES EXCEPCIONALES

AL LOS PADRES O EL GUARDIAN DE _____

El Comite de Elegibilidad para la Educación de Estudiantes Excepcionales (ESE) se reunió el 7/23/99

y reviso los resultados del rendimiento de su hijo(a) en los siguientes instrumentos de evaluación y los reportes de la evaluación:

WISC / KTEA / PPVT / EDWPT /
HTP / KFD

Basado en la información previa y después de revisar las opciones y servicios ofrecidos en el programa ESE, el Comité de Elegibilidad determinó que su hijo (a):

- no satisface el criterio de elegibilidad para el programa ESE.
- si satisface el criterio de elegibilidad del (de los) siguiente (s) programa(s) especial(es):

Las demas opciones fueron rechazadas porque su hijo (a)

- si satisface el criterio de un programa de ESE.
- no satisface el criterio de elegibilidad de un programa de ESE.

Si otros factores que pudieron ser pertinentes en la determinación de este comité, se relacionaban con:

- resultados de una audiencia administrativa
- determinaciones previas de elegibilidad
- datos de una agencia comunitaria
- revisión de los resultados disciplinarios
- Otro _____

Indique con una (✓) si el estudiante fue encontrado elegible para ubicación en un programa de estudiantes excepcionales a través de procedimientos de Asignación Temporal para Estudiantes Excepcionales, transferidos a este condado.

[Redacted]	[Redacted]
	(Nombre/Posición)
	(Nombre/Posición)

[Redacted]	<input type="checkbox"/> aprobada	<input checked="" type="checkbox"/> no aprobada
	<i>Staffing Specialist</i>	
	(Posición)	

Si usted tiene alguna pregunta relacionada con esta decisión o con sus derechos, como estan especificados en las Protecciones de los Procedimientos Disponibles a los Padres, contacte a esta notificación en el contacto con:

[Redacted]	[Redacted]
(Nombre)	(Nombre)

DADE COUNTY PUBLIC SCHOOLS

GARANTIAS PROCESALES A LA DISPOSICION DE LOS PADRES DE LOS ESTUDIANTES EXCEPCIONALES

NOTICIA

Como padres, ustedes tienen derecho a:

- que se les notifique, en un lapso de tiempo razonable antes de que la escuela: (a) identifique, evalúe o asigne a su hijo(a) a un programa de educación para estudiantes excepcionales; (b) cambie una identificación, evaluación o asignación que ya se haya realizado o (c) rechace su petición para que se tomen dichas medidas.

- recibir por escrito los avisos pertinentes en el lenguaje que hablen y comprendan mejor. Si hay padres cuyo modo primario de comunicación no es el lenguaje escrito, los funcionarios escolares deberán asegurarse de que: (a) se les explique el aviso verbalmente o en una forma de comunicación que ellos puedan comprender; (b) que comprendan la información que se les ha proporcionado y (c) que se evidencie por escrito que este requisito ha sido cumplido.

- que se les notifique en cuanto a cada uno de los procedimientos de evaluación, pruebas, expedientes o informes que la escuela utilice como base para tomar cualquier decisión sobre su hijo(a).

- una descripción de cualquier opción en cuanto a programas que hayan sido considerados por la escuela y del porqué dichas opciones fueron descartadas.

- se les informe de cualquier otro factor apropiado que los funcionarios escolares consideraron para tomar su decisión de recomendar o rechazar.

- una notificación que incluya una explicación completa de todas las garantías procesales a la disposición de los padres según estipula la Ley de Educación de Individuos Disahabilidades.

EL CONSENTIMIENTO

Es necesario que ustedes den su consentimiento por escrito antes de que la escuela pueda:

- someter individualmente a su hijo(a) pruebas a las que generalmente no se somete a la mayoría de los otros estudiantes antes de que se le asigne al programa de educación para estudiantes excepcionales.

- asignar a su hijo(a) a un programa de educación excepcional por primera vez.

Antes de que ustedes den su consentimiento la escuela debe explicarles lo que han aprobado en el idioma u otro modo de comunicación que ustedes utilizan generalmente y deben asegurarse de que han comprendido.

El formulario de consentimiento debe describir lo que ustedes han aprobado, detallar cuáles de los expedientes de su hijo(a) serán dados a conocer y especificar quienes los recibirán.

Si ustedes no dan su consentimiento, su negativa no afectará a los derechos básicos de su hijo(a) en cuanto a asistir a clases y participar en las actividades escolares.

Si usted retiene o rehúsa dar su consentimiento para la evaluación o la asignación, las agencias pueden utilizar procedimientos informales para obtener consentimiento escrito. Si los procedimientos informales no resultan en el consentimiento y pueden pedir una audiencia imparcial para resolver la cuestión.

Si la orden del oficial de la audiencia es a favor de la escuela, la escuela puede actuar sin el consentimiento. Usted puede apelar la decisión del oficial de audiencia.

Usted debe dar su consentimiento libremente, y en cualquier momento puede retirarlo; pero el colegio puede pedir una reunión para repasar su retiro del consentimiento y las necesidades educacionales de su hijo(a). Si la cuestión no se puede resolver por medios informales, una audiencia imparcial se puede resolver.

LAS EVALUACIONES EDUCACIONALES INDEPENDIENTES

Si no están de acuerdo con la evaluación proporcionada por la escuela — o sea, si no piensan que se han aplicado las pruebas adecuadas o que se ha llegado a la conclusión correcta — ustedes tienen derecho a solicitar una evaluación educacional independiente costeada por fondos públicos. Una "evaluación educacional independiente" significa que las pruebas de su hijo(a) las realizará una persona calificada que no sea empleado(a) de la junta escolar del distrito. El distrito pagará la evaluación privada o hará los arreglos pertinentes para proporcionarle un costo alguno para ustedes. Sin embargo, el distrito también tiene derecho a una audiencia para demostrar que su evaluación es adecuada. Si el oficial a cargo de la audiencia decide que la evaluación de la escuela es adecuada, aún tendrán el derecho a una evaluación educacional independiente, pero no costeada por fondos públicos.

"Costeada por fondos públicos" significa que el distrito escolar o paga el costo total de la evaluación o garantiza que la evaluación se lleve a cabo sin costo alguno para los padres.

El distrito debe informarles donde se pueden obtener las evaluaciones educacionales independientes, si ustedes así lo solicitan.

Si procuran una evaluación educacional pagada por ustedes los resultados de dicha evaluación:

- deben ser tomados en consideración por el distrito al tomar cualquier decisión concierne a la educación de su hijo(a).

- deben ser presentados como evidencia en la audiencia formal (véase la sección sobre "Las Audiencias").

Si el oficial a cargo de la audiencia solicita una evaluación educacional independiente como parte del "proceso legal debido", dicha evaluación deberá ser costeada por fondos públicos.

Las evaluaciones educacionales independientes deberán ajustarse a las mismas normas (en cuanto a las calificaciones del examinador) que las realizadas por la escuela.

LOS EXPEDIENTES

Usted tiene el derecho de:

- recibir, cuando así lo soliciten, una lista de los tipos de expedientes educacionales que se mantienen sobre su hijo(a), donde se archivan, y de como pueden lograr acceso a los mismos.

- inspeccionar y revisar cualquiera de los expedientes de su hijo(a).

La escuela deberá responder a su solicitud al respecto:

- sin demoras innecesarias
- antes de una reunión o audiencia sobre el Plan Educativo Individual (IEP) en un término de 45 días.

La escuela no podrá cobrar por procurar o recopilar la información.

Usted tiene derecho a:

- que alguien en la escuela de su hijo(a) les explique o les interprete cualquier detalle que conste en el expediente de su hijo(a).

- recibir copias del expediente si ese es el único modo de garantizar que puedan revisarlo e inspeccionarlo. La escuela podrá cobrarles por las copias, si el hacerlo no les impide inspeccionarlo o revisarlo.

- que una persona los represente, inspeccione y revise el expediente.

La escuela tiene la responsabilidad de proteger el carácter confidencial de los expedientes educacionales de su hijo(a) del siguiente modo:

- permitiéndoles ver solamente la información relacionada con su hijo(a) cuando los expedientes contienen información relacionada con más de un(a) niño(a).

- mantener un registro de las personas que obtienen acceso al expediente educacional (excepto a los padres del menor y a los empleados con autorización de las agencias participantes) incluyendo el nombre, la fecha de acceso y el propósito.

La escuela debe presumir que ustedes tienen autoridad para inspeccionar y revisar los expedientes de su hijo(a) a menos que se les haya informado que no tiene derecho debido, por ejemplo, a decisiones legales como la patria potestad (autoridad que, según las leyes, los padres tienen sobre sus hijos menores de edad).

La audiencia no necesariamente sigue el proceso descrito en la sección titulada "Las Audiencias" de esta explicación de derechos. La audiencia puede ser conducida por cualquier oficial del distrito que no tenga intereses directos en el resultado de la misma.

Si la decisión tomada en la audiencia les favorece, los funcionarios escolares deben cambiar la información e informarle del cambio.

Si se encuentra que la información de la escuela es exacta y se toma la decisión de no cambiar la información, ustedes tienen el derecho de añadir su propia declaración al expediente. Su declaración debe ser mantenida en el expediente todo el tiempo que la parte en cuestión se mantenga en el expediente general. Su declaración deben ser incluida si se muestra a alguien dicho expediente.

LAS AUDIENCIAS

Si en cualquier momento no pueden llegar a un acuerdo con la escuela en cuanto a la educación de su hijo(a), tienen el derecho de solicitar una audiencia imparcial. Se podrá celebrar una audiencia sobre cualquier asunto relacionado con la identificación, evaluación o asignación de su hijo(a) y el aseguramiento de una "educación pública adecuada gratis".

La audiencia deberá ser conducida por una agencia educacional estatal en concordancia con los estatutos del estado y los reglamentos de la Junta Escolar.

Para lograr una audiencia, deben presentar una solicitud escrita al: Clerk of the School Board (Secretario(a) de la Junta Escolar), Dade County Public Schools (Escuelas Públicas del Condado de Dade), 1450 N.E. Second Avenue, Miami, Florida 33132.

LOS OFICIALES DE AUDIENCIAS

Se asignará a un oficial de audiencias imparcial para que presida dichas audiencias y para que tome una decisión (en cuanto al caso). Para garantizar la imparcialidad, el oficial de audiencias no debe ser:

- empleado de una agencia pública (sistema escolar, institución, etc.) que participe en la educación o cuidado de su hijo(a);

- cualquiera que tenga un interés personal o profesional que pudiera estar en conflicto con la objetividad de la audiencia.

Una persona que de otro modo reúna las calificaciones para conducir una audiencia en concordancia con las directrices previamente consignadas no será considerada empleada de la agencia simplemente porque la agencia le paga por actuar como oficial de audiencias.

Cada una de las agencias deben mantener una lista de las personas que sirven como oficiales de audiencias, y sus calificaciones.

LOS DERECHOS RELACIONADOS CON

LAS AUDIENCIAS

Los derechos que, tanto ustedes como el distrito, tienen, incluyen el derecho de:

- estar acompañado y asesorado por un abogado y por personas con un conocimiento especial de los problemas de los niños minúsculos.

- presentar evidencias, interrogar y obligar a los testigos a que asistan a la audiencia.

- prohibir la presentación de evidencias que no hayan sido divulgadas a ustedes o al distrito por lo menos cinco días antes de la audiencia.

- recibir, por escrito o en grabación, una relación literal (palabra por palabra) de la audiencia.

- recibir una relación por escrito de las indagaciones y de las decisiones tomadas en la audiencia. Ustedes también tienen el derecho de:

- que la escuela o el distrito les indiquen donde se puede procurar asistencia legal gratis o a precios bajos. La escuela o el distrito debe proporcionarles esta información en cualquier momento en que lo solicite o cuando se vaya a celebrar una audiencia.

- que su hijo(a) asista a la audiencia, si así lo desea.

- que la audiencia se lleve a cabo en una fecha y lugar que les sean razonablemente convenientes.

En un lapso de 45 días a partir del recibo de su solicitud de audiencia, el oficial de audiencia deberá llegar a una decisión definitiva y enviarles una copia de la misma por correo.

El oficial de audiencia podrá otorgar una prórroga de este periodo de tiempo a solicitud de cualquiera de las dos partes. La decisión de dicho oficial de audiencia será definitiva, a menos que ustedes o el distrito decidan apelar.

El tribunal pudiera otorgar, como parte de los gastos judiciales, el pago de honorarios médicos de abogado a los padres o tutores de un(a) niño(a) minúsculo(a) que haya ganado el pleito.

APELACIONES

Si su audiencia fue llevada a cabo por el estado según determinan los estatutos estatales y ustedes no están satisfechos con la decisión, pueden apelar al Tribunal de Apelaciones del Distrito y/o pueden intentar una acción judicial civil en los tribunales estatales o federales.

Durante el tiempo en el que se desarrolle la audiencia y se lleve a cabo el proceso de apelación, su hijo(a) permanecerá en su asignación educacional actual, hasta que ustedes o el distrito acuerden lo contrario.

Si la disputa se relaciona con el ingreso inicial de su hijo(a) a una escuela pública, entonces, con su consentimiento, se le asignará en un programa de las escuelas públicas hasta que se termine el proceso.

LOS(AS) PADRES/MADRES

SUSTITUTOS(AS)

Cada una de las escuelas debe garantizar que los derechos de los niños sean protegidos cuando:

- no se pueda identificar a los padres.
- no se conozca el paradero de uno de los padres.

- cuando el niño esté bajo la tutela del estado.

Es el deber del distrito escolar el nombrar a un(a) representante o a un(a) padre/madre sustituto(a) o procurar que se nombre... Su distrito escolar deberá tener un método para determinar si el(la) niño(a) necesita un(a) padre/madre sustituto(a) y un método para asignar a dichos padres/madres sustitutos(as).

La escuela deberá seleccionar a un(a) sustituto(a) en cualquiera de los modos permitidos por las leyes estatales, pero deben asegurarse de que la persona seleccionada:

- no tenga un conflicto de intereses.
- esté calificado(a) para representar al(a) la niño(a).

- sea empleado(a) de una agencia pública involucrada en la educación o el cuidado del(de la) niño(a). [No se debe considerar como empleado(a) a una persona solamente porque sirve como sustituto(a).]

El(La) sustituto(a) podrá representar al(a) la niño(a) en asuntos relacionados con la identificación, la evaluación, la asignación y la provisión de una educación pública adecuada gratuita.



PRINT STUDENT	[REDACTED]	DATE (MM/DD/YY)	7/12/99
	[REDACTED]	STUDENT ID. NO.	[REDACTED]

NOTIFICACIÓN DE REUNIÓN (NOTIFICATION OF MEETING)

El personal de la escuela debe usar esta planilla para informar a los padres de la reunión del Equipo Profesional (Professional Support Team).

A LOS PADRES O TUTORES DE _____

Les informamos de una reunión relacionada con el progreso de su hijo que se llevará a cabo en la siguiente fecha:

Fri - July 23
(Fecha)

10:15
(Horas)

Se invitaron a asistir a las siguientes personas: (Si es necesario, favor de adjuntar otra hoja.)

(NOMBRE/PUESTO)

(NOMBRE/PUESTO)

[REDACTED]	<u>Psychologist</u>
[REDACTED]	<u>Counselor</u>

Marque con una palomita (✓) todos los cuadritos necesarios para indicar el propósito de esta planilla.

- revisar el progreso de conducta y/o el académico de su hijo.
- considerar revisiones a las estrategias previamente desarrolladas para ayudar a su hijo.
- discutir los resultados de la evaluación y considerar la calificación para el Programa de Educación para Estudiantes Excepcionales.

NOTA:

- Si se determina que su hijo califica para el Program de Educación para Estudiantes Excepcionales, se desarrollara un **Plan Educativo Individualizado (IEP)**, y los Procedimientos para Padres de Estudiantes Excepcionales se revisará y una copia se le proporcionará. A su hijo se le extendera una invitación a dicha reunión siempre y cuando tenga 16 años de edad y este ubicado en el octavo grado.
- Si se determina que su hijo no es elegible para el Program de Educacion para Estudiantes Excepcionales, se considerará si es elegible bajo la Seccion 504, y se le informará a usted de los Procedimientos Debidos que le corresponden bajo dicha sección.

otro: _____

ES DE SUMA IMPORTANCIA QUE UD. ASISTA A LA REUNIÓN. Si no puede asistir a la reunión en la fecha indicada, tiene la opción de cambiar dicha fecha. Al terminar de llenar la sección de los padres a _____ volver la copia rosada a:

Counselor

(Persona de contacto, pue

[REDACTED]
(Teléfono)

Favor de retener la copia amarilla para sus archivos.

ESTA SECCIÓN ES PARA LOS PADRES O TUTORES

INSTRUCCIONES: Favor de indicar con una palomita (✓) los cuadritos apropiados, firme* y escriba la fecha en el espacio.

- Participaré en la reunión señalada.
- Necesitaré los servicios de un intérprete o traductor. Especifique el idioma o método de comunicación: _____
- Yo deseo fijar la reunión para otra fecha. Por favor póngase en contacto conmigo llamando al teléfono _____
- Necesito cambiar la fecha de la reunión. No obstante, si se determina que mi hijo es elegible para el Programa de Educación para Estudiantes Excepcionales, por favor pónganse en contacto conmigo al teléfono para señalar una reunión del IEP.

* Firma del padre o tutor _____ Fecha _____

White copy: Cumulative Record
 Pink Copy: Cumulative Record (Attach to white copy if parent/guardian returns with a signature)
 Yellow Copy: Parent
 878-2717

MIAMI-DADE COUNTY PUBLIC SCHOOLS

DIVISION OF STUDENT SERVICES

CASE [REDACTED]

MULTI-DISCIPLINARY TEAM REPORT

Initial Evaluation

STUDENT'S NAME: [REDACTED] SEX: female GRADE: 3rd
DATE OF BIRTH: [REDACTED] SCHOOL: [REDACTED]
ADDRESS: [REDACTED] ETHNIC ORIGIN: H
STUDENT ID NUMBER: [REDACTED] HOME PHONE: [REDACTED]
PARENT/GUARDIAN: [REDACTED] DATE OF CURRENT EVALUATION: 5-26-99

ASSESSMENT AREAS

EXAMINER

DATE COMPLETED

ADAPTIVE BEHAVIOR/SOCIAL HISTORY
PSYCHO-EDUCATIONAL
VISION

[REDACTED]

11-24-98
5-26-99
11-23-98
6-4-99
2-9-99
2-9-99
12-3-98
11-2-98

HEARING
SPEECH/LANGUAGE
OBSERVATIONS

REFERRAL INFORMATION

REFERRAL FORM/STRATEGIES

CST

11-6-98

ATTACHMENTS

PERMISSION TO CONDUCT AN EVALUATION

[REDACTED]

11-6-98

Miami-Dade County Public Schools - Division of Student Services

PSYCHOLOGICAL EVALUATION DATA SUMMARY

Student's Name: [REDACTED]

Case #: [REDACTED]

C.A.: 8-11

Grade: 3rd

School [REDACTED] Elementary

Language Assessed in: English

INTELLECTUAL:

Wechsler Intelligence Scale for Children-Third Edition (WISC-III)

Mean = 100; Standard Deviation = 15

Scale Scores: Mean = 10; Standard Deviation = 3

Verbal IQ: [REDACTED]

Performance IQ: [REDACTED]

Full Scale IQ: [REDACTED]

Verbal Comprehension: [REDACTED]

Perceptual Organization: [REDACTED]

Freedom from Distractibility: [REDACTED]

Processing Speed: [REDACTED]

Verbal Subtests

Information: [REDACTED]

Similarities: [REDACTED]

Arithmetic: [REDACTED]

Vocabulary: [REDACTED]

Comprehension: [REDACTED]

(Digit Span): [REDACTED]

Performance Subtests

Picture Completion: [REDACTED]

Coding: [REDACTED]

Picture Arrangement: [REDACTED]

Block Design: [REDACTED]

Object Assembly: [REDACTED]

(Symbol Search): [REDACTED]

ACADEMIC:

Kaufman Test of Educational Achievement (2-9-99)

Subtest

GE SS

Mathematics Applications [REDACTED]

Reading Decoding [REDACTED]

Spelling [REDACTED]

Reading Comprehension [REDACTED]

Mathematics Computation [REDACTED]

PROCESS:

Peabody Picture Vocabulary Test-III

SS: 75

AE: 6-1

Expressive Vocabulary Test

SS: 86

PERSONALITY:

Anecdotal Records

Behavior Assessment System for Children

House-Tree-Person (HTP)

Kinetic Family Drawing (KFD)

Post Drawing Interrogation

Psychological Evaluation

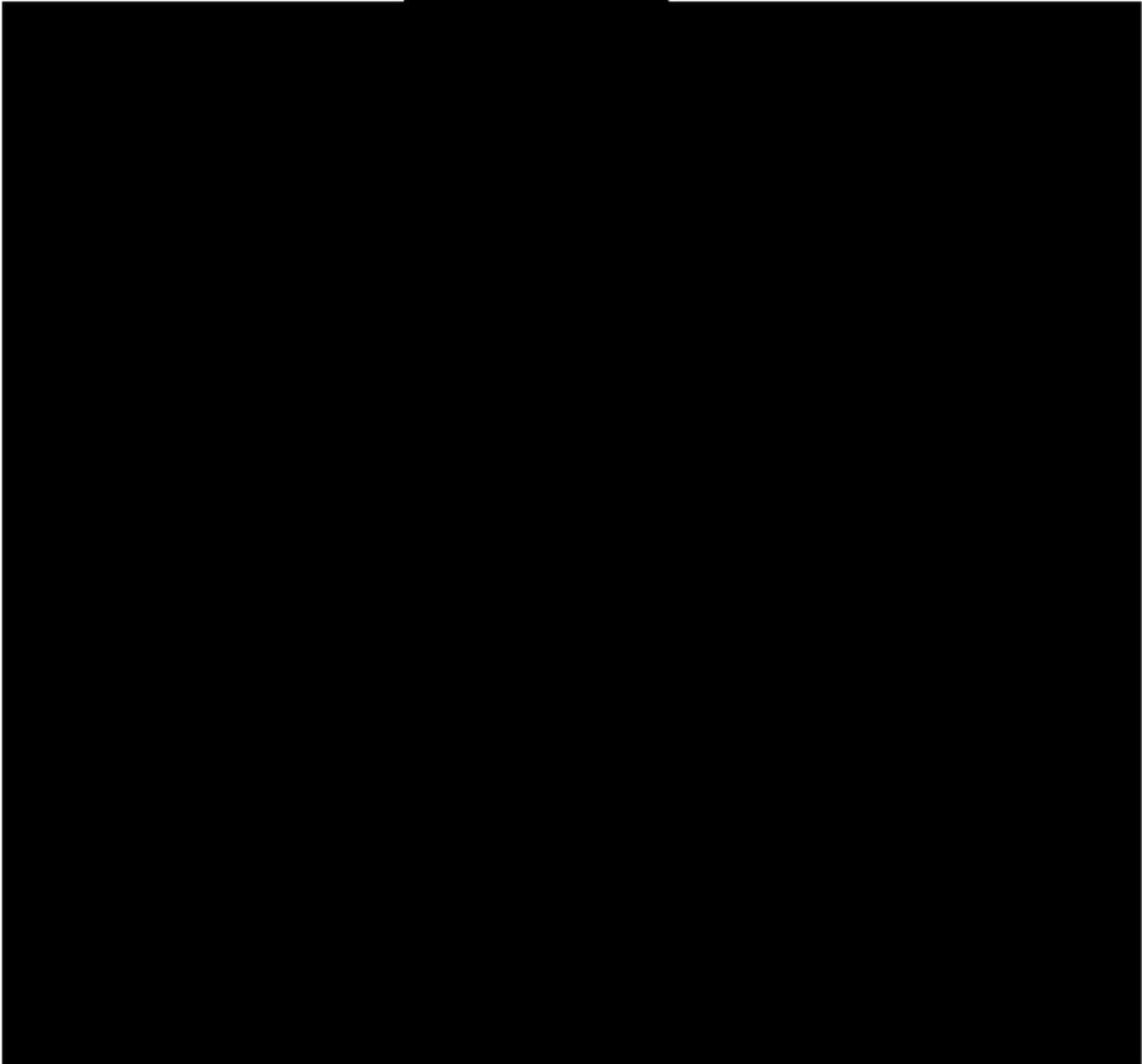
REASON FOR EVALUATION REQUEST

██████████ was demonstrating behavioral problems in the classroom. Her teacher requested this psychoeducational evaluation for ██████████ in order to determine any intellectual, processing, academic, and/or emotional factors that could be interfering with her progress.

SOCIO-DEVELOPMENTAL HISTORY

A Socio-developmental history was obtained on **November 24, 1998**. For more detailed information please see attached report compiled by ██████████ ██████████

BACKGROUND INFORMATION



PSYCHOEDUCATIONAL EVALUATION

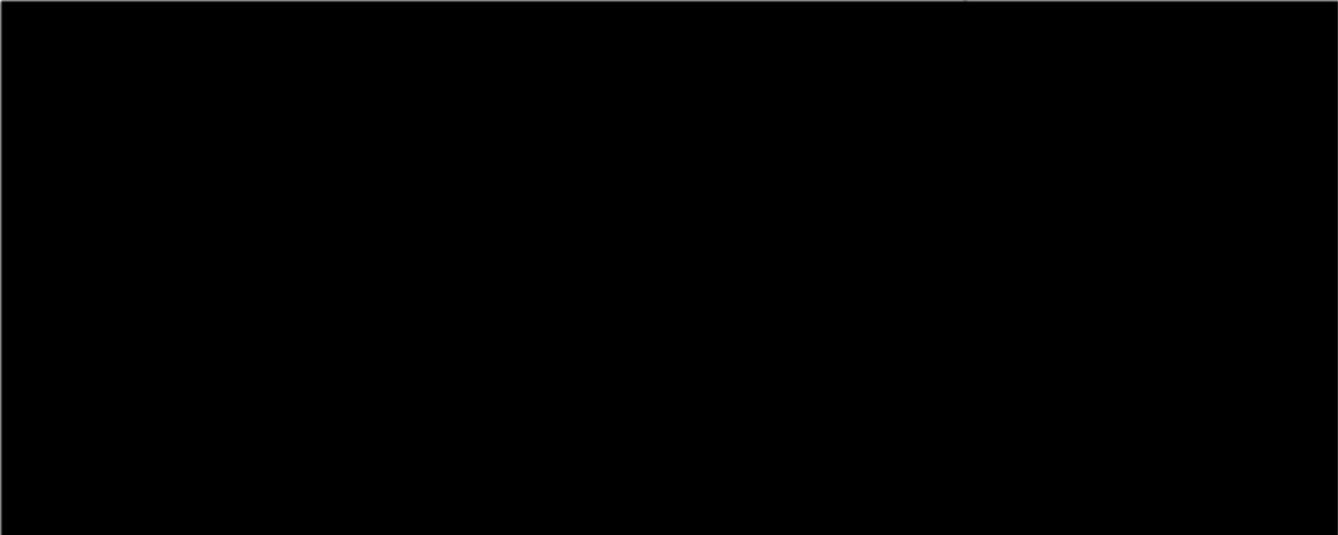
TESTS ADMINISTERED

- Weschler Intelligence Scale for Children-Third Edition*
- Bender Visual Motor Gestalt Test*
- House-Tree-Person Technique*
- Kinetic Family Drawing*



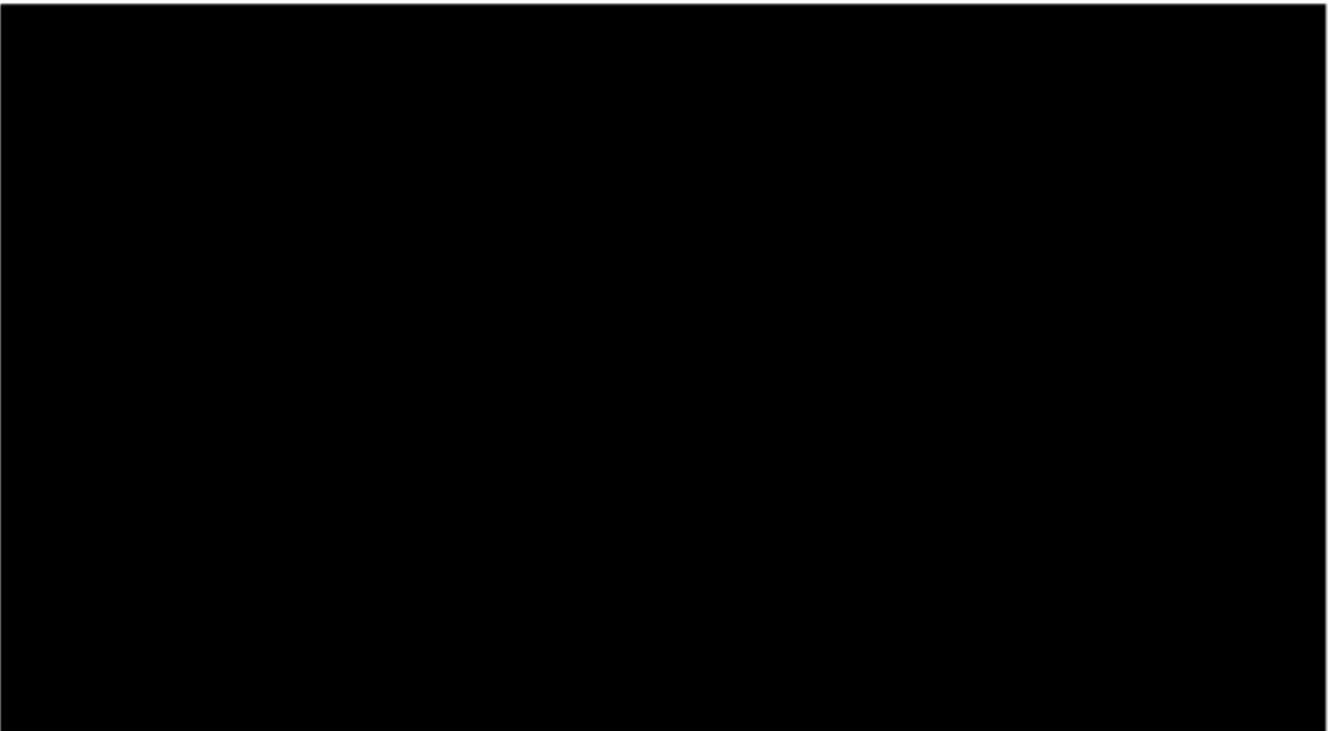
*Anecdotal Records
Incomplete Sentence
Behavior Assessment System for Children*

BEHAVIORAL OBSERVATIONS



TEST INTERPRETATIONS

I. Intellectual



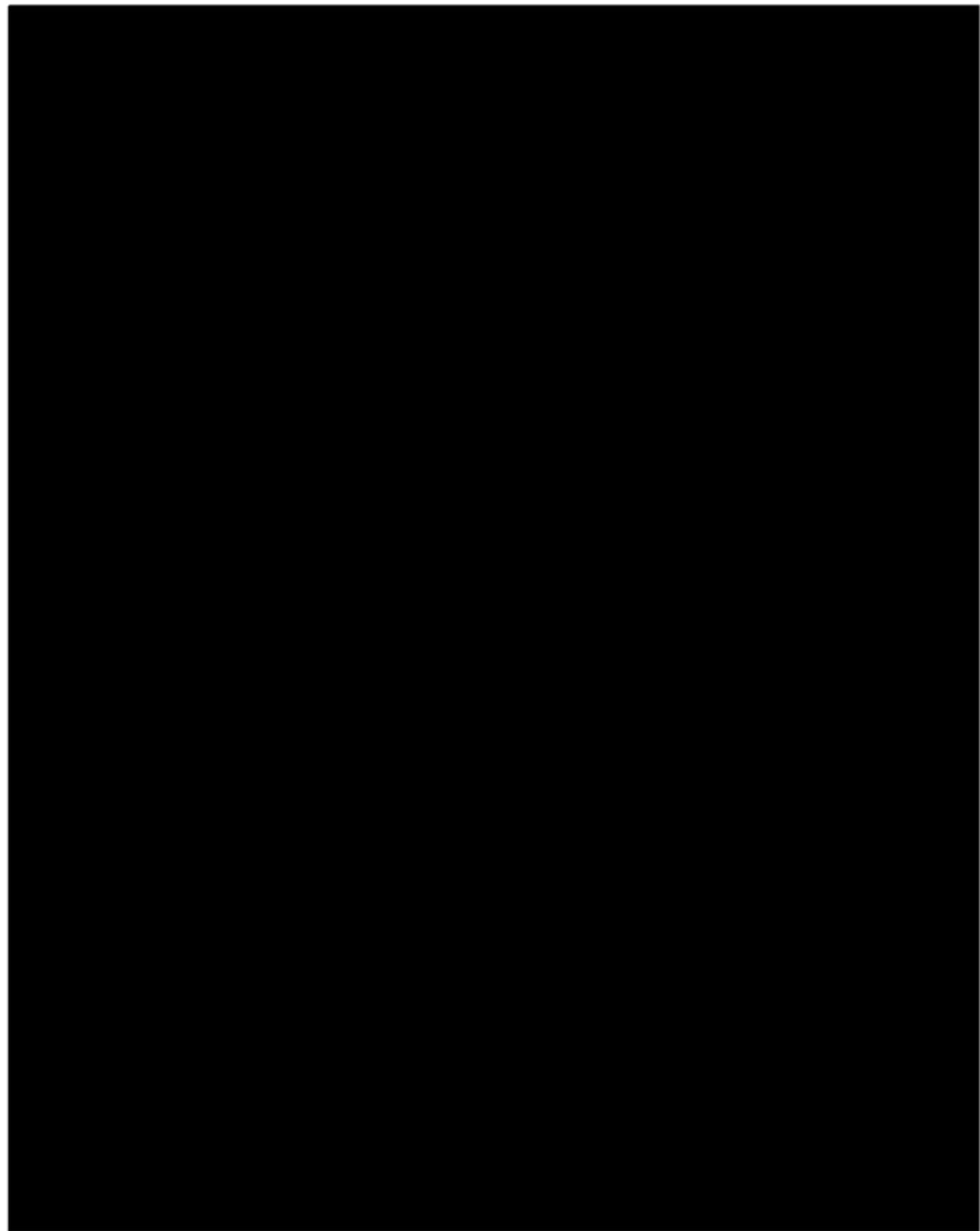
[REDACTED]

[REDACTED]

CASE [REDACTED]⁴

[REDACTED]

CASE # [REDACTED]



[REDACTED]

[REDACTED]

CASE #: [REDACTED]⁶

[REDACTED]

PSYCHOLOGICAL EVALUATION BY:

[REDACTED]

*Licensed School Psychologist
Region III*

MIAMI-DADE COUNTY PUBLIC SCHOOLS
DIVISION OF EXCEPTIONAL STUDENT EDUCATION

BILINGUAL/ESOL ESE PROGRAM
LANGUAGE PROFICIENCY/DOMINANCE ASSESSMENT REPORT

STUDENT: [REDACTED]
STUDENT ID #: [REDACTED]
GRADE: 3rd

CHRONOLOGICAL AGE: 8-8
SCHOOL: [REDACTED]
DATE OF ASSESSMENT: 2-9-99

LANGUAGE PROFICIENCY/DOMINANCE ASSESSMENT INSTRUMENTS ADMINISTERED:

- o Oral Language Proficiency Scale-Elementary Level (OLPS)
- o Narrative Development Assessment
- o Brigance Diagnostic Assessment of Basic Skills-Spanish Edition
- o Kaufman Test of Educational Achievement-Comprehensive Form

REASON FOR REFERRAL:

[REDACTED]

BACKGROUND INFORMATION:

[REDACTED]

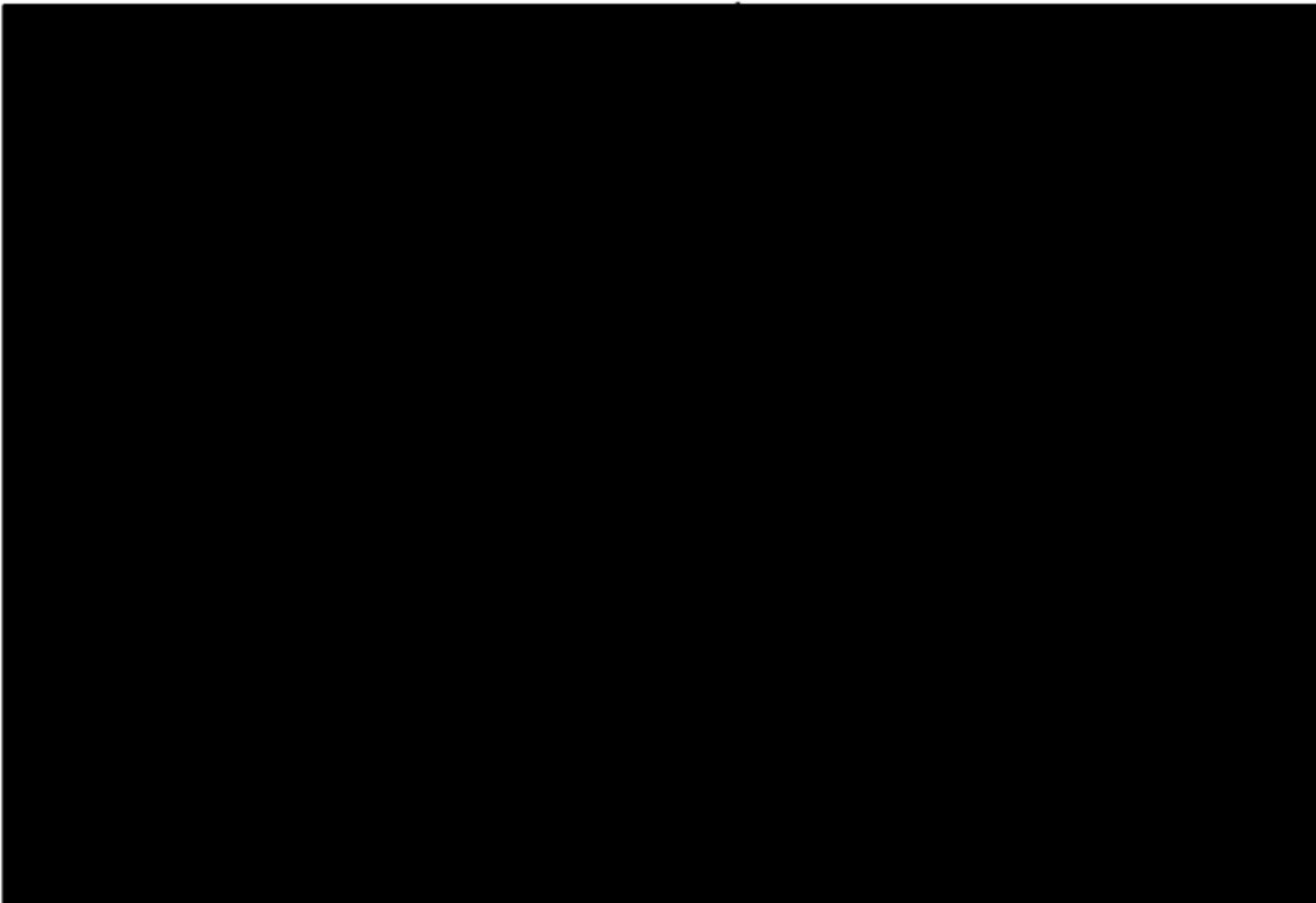
BEHAVIORAL OBSERVATIONS:

[REDACTED]



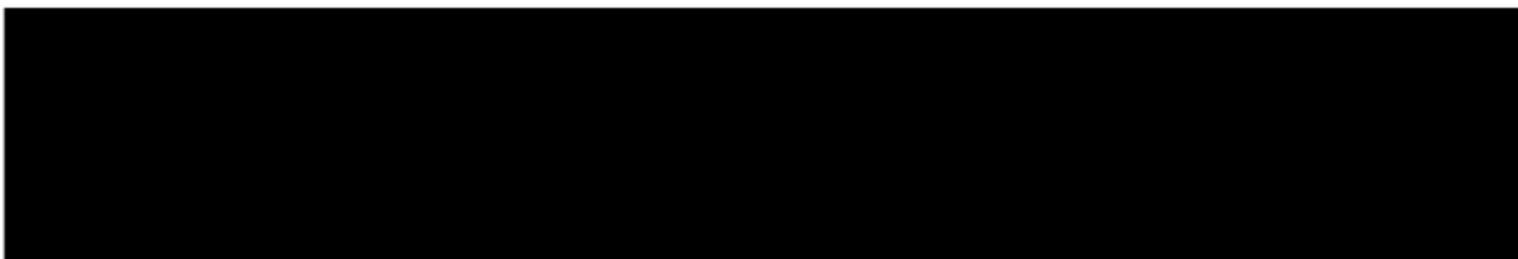
TESTS RESULTS:

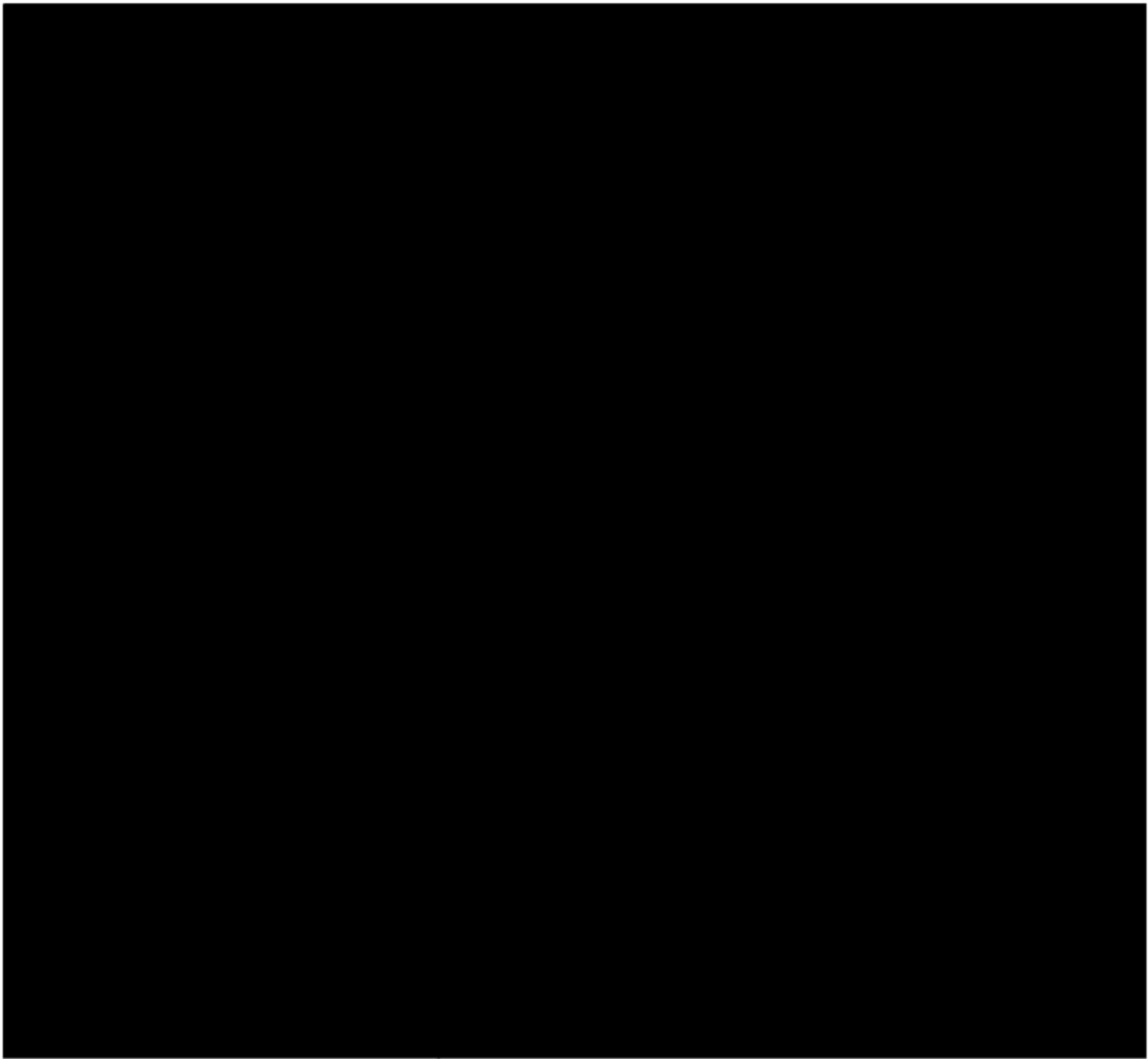
Analysis of [redacted] performance profile reflected the following findings:



INSTRUCTIONAL/LANGUAGE DOMINANCE ASSESSMENT INTERPRETATION:

Social Language





Division of Exceptional Student Education

Please note: The attached scan for the
he entered into the computer record

Developmental History

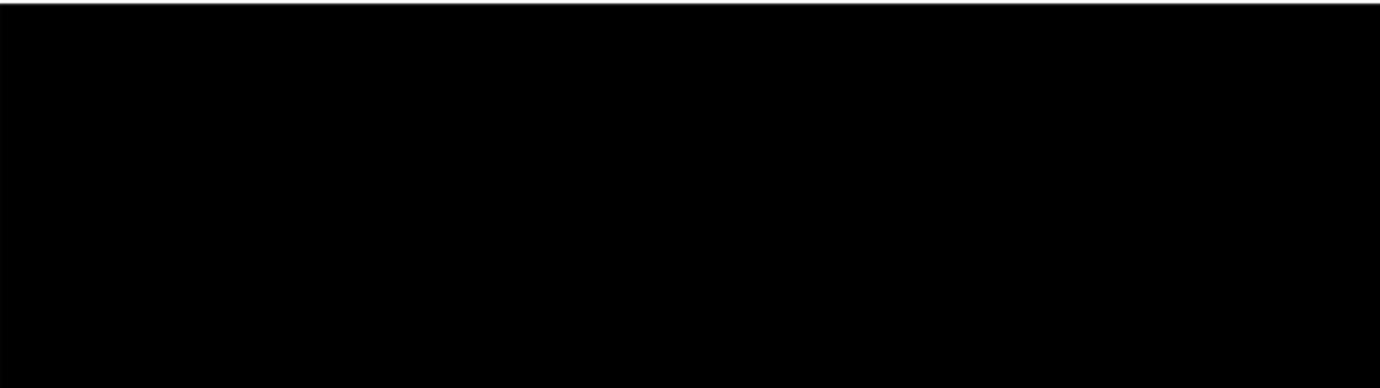


Name : [Redacted] Sex : Female
File Name : [Redacted] Age : 8
Interviewed : 11/24/98 Date of Report : 12/02/98
Prepared for : Region III [Redacted]
Completed by : [Redacted] School Social Worker

Presenting Problem

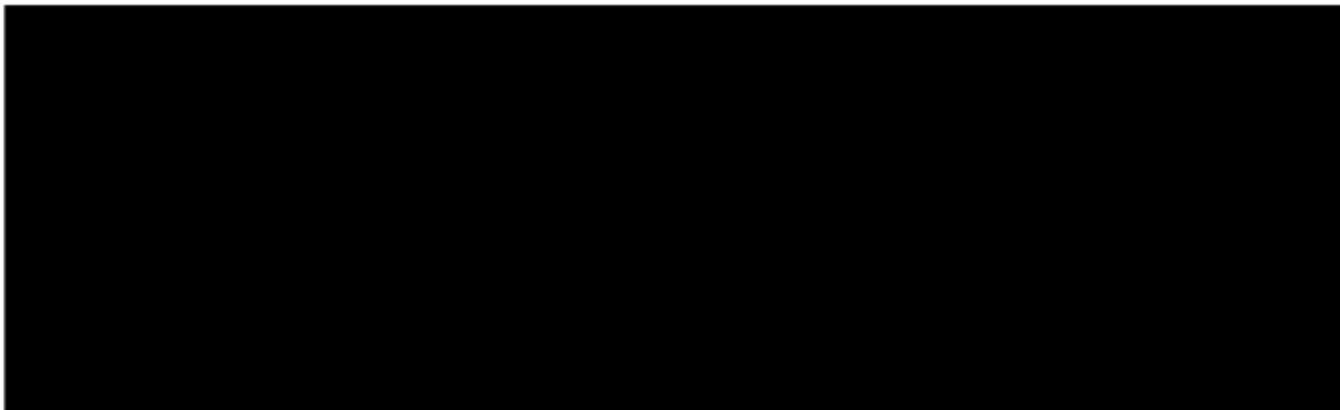


Personal Information and Family Background

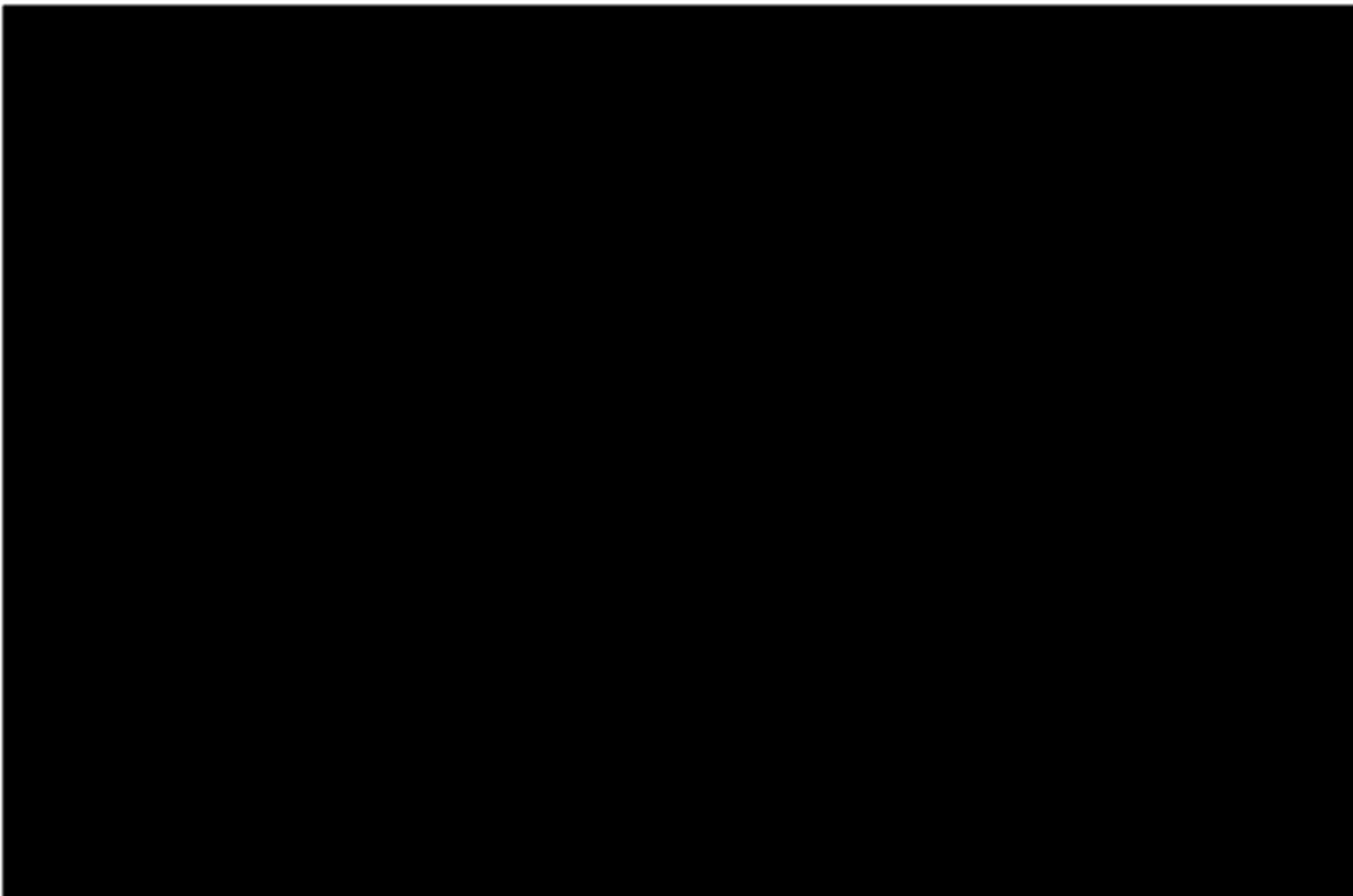


Early Developmental History





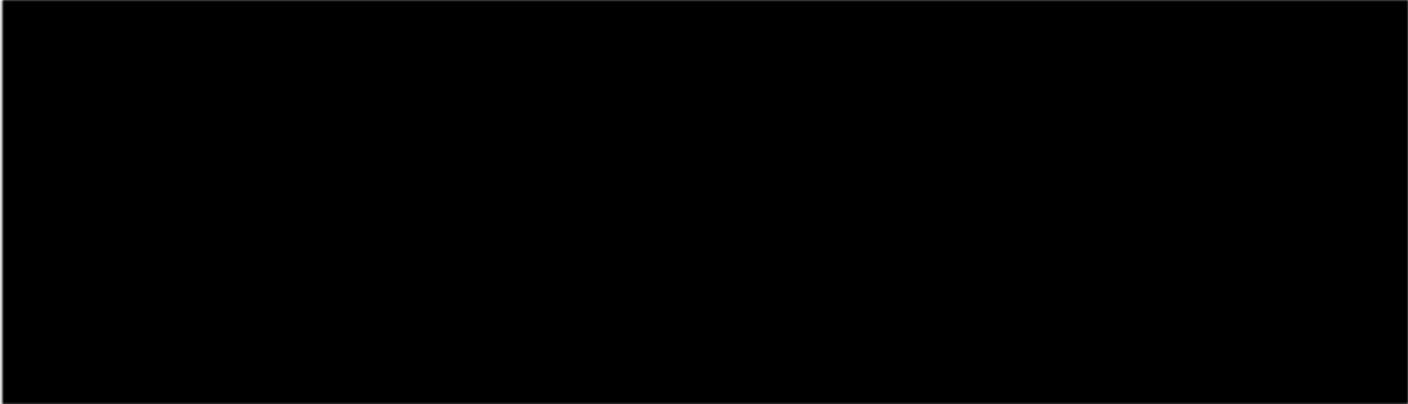
Educational History



Medical History and Health Status

and
and

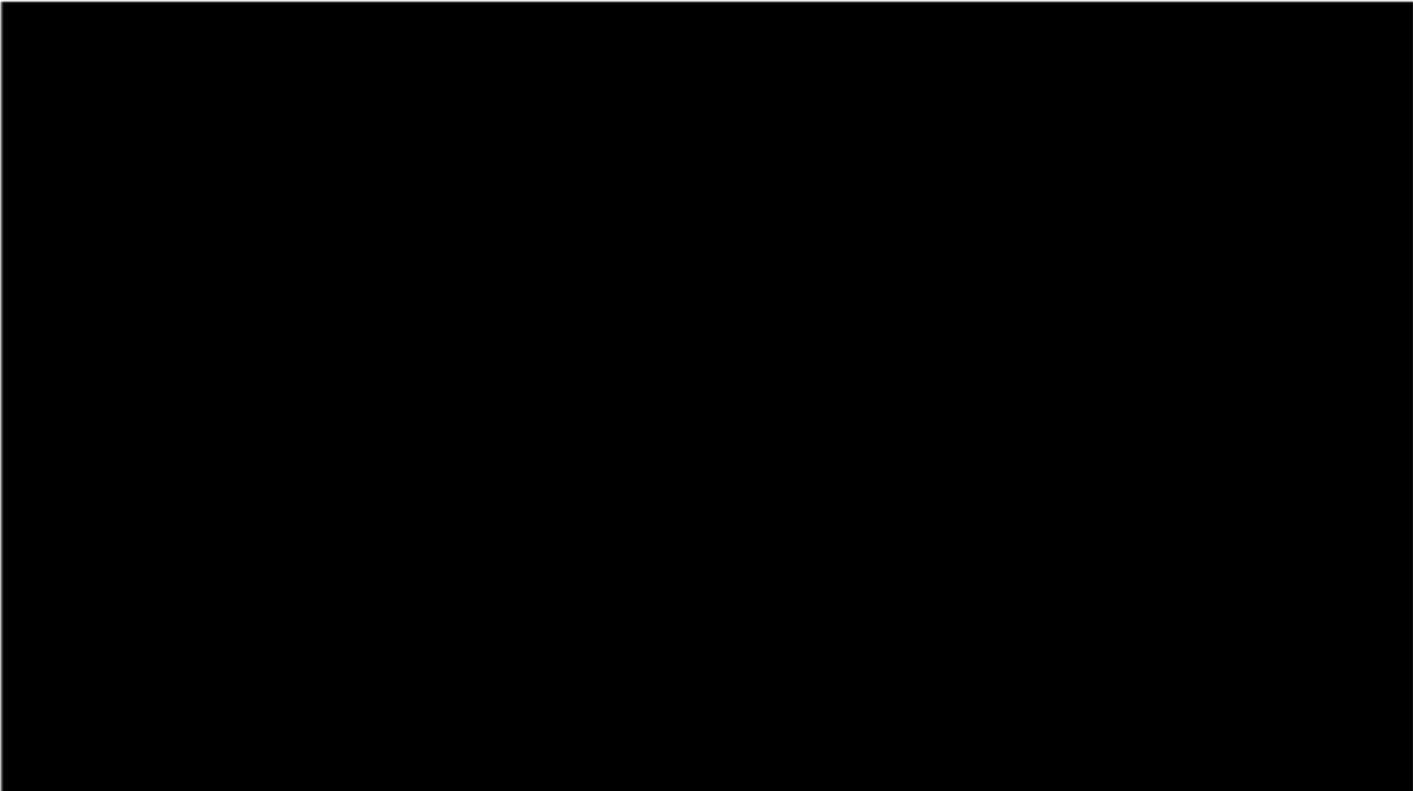


Family History



Current Behavior and Relationships





Debra 97-91

Dade County Public Schools
INDIVIDUAL LEP STUDENT PLAN

100
J. Miller

ELEMENTARY

Name

[Redacted Name]

I.D. Number

[Redacted I.D. Number]

(Last) (First) (Middle)

Date of Birth

[Redacted Date of Birth]

Place of Birth

Miami, Fl.

Entry Date DCPS

11/07/95

Student Language

Sp/Eng

Parent/Guardian Language

Sp/Eng

Minimum Instructional Time Requirements

ESOL Level I 2 hrs. daily
ESOL Levels II - IV 1 hr. daily

CCHL Levels I/II 45 min. daily
CCE/ESOL Levels III/IV as appropriate

Home Language Arts Levels I - IV 150 min. weekly

School

Year

[Redacted]	<u>95-1996</u>
[Redacted]	<u>96-1997</u>
[Redacted]	<u>97-1998</u>
[Redacted]	<u>98-1999</u>
[Redacted]	<u>98-1999</u>

Initial Placement Information:

Entry Date 11-07-95

• **Aural/Oral**

Assessment Date 11-07-95

DCOLPS Score [Redacted]

ESOL Level [Redacted]

• **Reading/Writing (Grades 4-5/6)**

Stanford Achievement Test
Reading Subtest _____ %ile
Writing Subtest _____ %ile

Metropolitan Achievement Test
Reading Subtest _____ %ile
Writing Subtest _____ %ile

ESOL Teacher(s) Recommendation <input checked="" type="checkbox"/> Continue <input type="checkbox"/> Exit [Redacted Signature] Date <u>6/96</u>	ESOL Teacher(s) Recommendation <input type="checkbox"/> Continue <input checked="" type="checkbox"/> Exit [Redacted Signature] [Redacted Signature] Date <u>6/97</u>	ESOL Teacher(s) Recommendation <input type="checkbox"/> Continue <input type="checkbox"/> Exit Teacher's Signature _____ School _____ Date _____
----------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------

ESOL Level Update

Date	Grade	ESOL Level	Instrument
11-07-95	K	[REDACTED]	OLPS
6/96	K		OLPS
9/96	I		OLPS
6/97	I		OLPS

Program Participation

(Completed at entry into program and updated yearly or upon transferring)

Basic ESOL

19 <u>95</u> -19 <u>96</u> Grade <u>K</u>	ESOL Instructional Materials <u>Addison Wesley</u> <u>Addison Wesley</u>	Book Level <u>A (beg)</u> <u>A (end)</u>
19 <u>96</u> -19 <u>97</u> Grade <u>I</u>	ESOL Instructional Materials <u>Amazing English</u> <u>Amazing Eng.</u>	Book Level <u>A (beg)</u> <u>A (end)</u>
19 ___-19 ___ Grade ___	ESOL Instructional Materials	Book Level
19 ___-19 ___ Grade ___	ESOL Instructional Materials	Book Level

Alternative/Home Language Arts (i.e., Spanish-S and Haitian-Creole)

19 <u>95</u> -19 <u>96</u> Grade <u>K</u> <u>GH8</u>	HLA Instructional Materials <u>Luzero - Santillana</u>	Book Level <u>A</u>
19 <u>96</u> -19 <u>97</u> Grade <u>1st</u>	HLA Instructional Materials <u>Cascabel, Santillana</u> <u>Tranquilin</u>	Book Level <u>1</u> <u>1</u>
19 <u>97</u> -19 <u>98</u> Grade <u>2do.</u>	HLA Instructional Materials <u>Tranquilin</u>	Book Level <u>2</u>
19 <u>98</u> -19 <u>99</u> Grade <u>3</u>	HLA Instructional Materials <u>Quevas Aventuras</u> <u>La Bata de Oro - Actividades y lecturas</u>	Book Level <u>III</u> <u>III</u>

Basic Subject Areas

Identify with an X the strategies used for program delivery: Home Language Strategies (CCHL) or ESOL Strategies (CCE/ESOL)

Basic Subjects	Grade: <u>K</u> 19 <u>95</u> - 19 <u>96</u>		Grade: <u>I</u> 19 <u>96</u> - 19 <u>97</u>		Grade: 19 ___ - 19 ___		Grade: 19 ___ - 19 ___	
	CCHL	CCE/ESOL	CCHL	CCE/ESOL	CCHL	CCE/ESOL	CCHL	CCE/ESOL
Science	[REDACTED]							
Mathematics	[REDACTED]							
Social Studies	[REDACTED]							
Computer Literacy	[REDACTED]							

Handwritten mark

Level I or II AND LESS than two years in an approved program

Not Met* (refer to the attached Student Performance Plan)

Met

___ Intervention required

___ Retained **

___ Promoted

Teacher's Signature _____ Grade 4 Date 12/3/99

Level I or II AND LESS than two years in an approved program

Not Met* (refer to the attached Student Performance Plan)

Met

___ Intervention required

___ Retained **

___ Promoted

Teacher's Signature _____ Grade _____ Date _____

Level I or II AND LESS than two years in an approved program

Not Met* (refer to the attached Student Performance Plan)

Met

___ Intervention required

___ Retained **

___ Promoted

Teacher's Signature _____ Grade _____ Date _____

Level I or II AND LESS than two years in an approved program

Not Met* (refer to the attached Student Performance Plan)

Met

___ Intervention required

___ Retained **

___ Promoted

Teacher's Signature _____ Grade _____ Date _____

* Student Performance Plan is to be completed for all ESOL Levels III and IV students who are not meeting the established district performance standards for Language Arts/ Reading/Writing and/or Mathematics regardless of number of years of program participation.

After two full years of program participation, Student Performance Plan is to be completed for all students (including Levels I and II) who are not meeting the established district performance standards for Language Arts/ Reading/Writing and/or Mathematics.

Intervention based on district-established Student Performance Standards is only applicable for students who have completed two full years in an ESOL program.

ALTERNATIVE STRATEGIES AND FOLLOW-UP FORM

CST Corp. Consult.

Name: [REDACTED]	Date and Type* of Conferences: (2/3/98) () () ()
Grade: 3	DOB: [REDACTED] CST Chairperson: [REDACTED] Student ID. #: [REDACTED]

Problem Area (Objective, Specific and Quantifiable):

Replacement Behavior:

Alternative(s) to be tried at Grade/School Level (Plan) (Please note: These alternatives may be helpful with other students in the class as well).	Date of Initiation	Person(s) Responsible
1.		
2. See next page →		
3.		
4.		
5.		

FOLLOW-UP QUESTION:

Problem Area (Objective, Specific and Quantifiable): *Has difficulty comprehend what he/she reads.*

Replacement Behavior: *He/she will demonstrate adequate comprehension when reading.*

Alternative(s) to be tried at Grade/School Level (Plan) (Please note: These alternatives may be helpful with other students in the class as well).	Date of Initiation	Person(s) Responsible
1. <i>Have him/her work individually</i>	<i>10-1-98</i>	<i>teacher/ aids</i>
2. <i>and in small group with classroom aide.</i>		
3. <i>Teach student to use context clues when identifying words.</i>	<i>10-1-98</i>	<i>teacher</i>
4. <i>Adjust material to her this level when needed</i>	<i>10-1-98</i>	<i>teacher</i>

FOLLOW-UP QUESTION: *Is he/she progressing adequately with her reading comprehension?*

* Type of Conferences: CST, LEP, ESE, and 504 (Over)

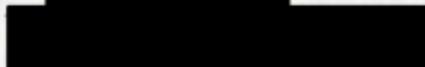
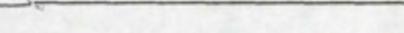
Child Study Team Procedures

Does not need immediate involvement. 12/3/99

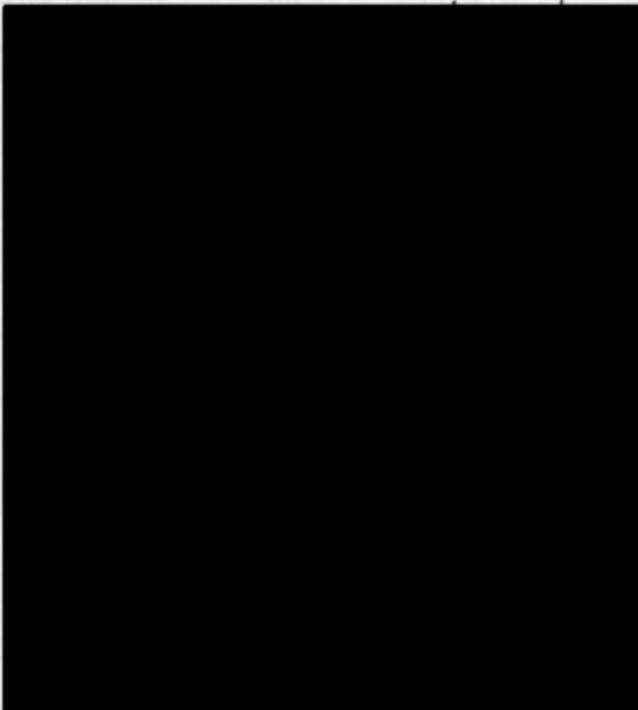
Dade County Public Schools
LEP COMMITTEE

Grade: 2 Date: 11-14-97

Members:

Administrator 
 ESOL Teacher 
 *BSHL Teacher 
 Teacher 
 Counselor 
 Parent _____
 Other _____

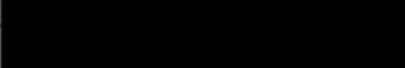
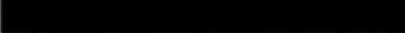
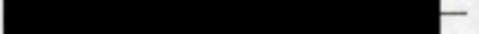
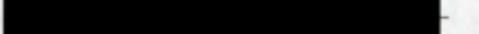
Recommendations:



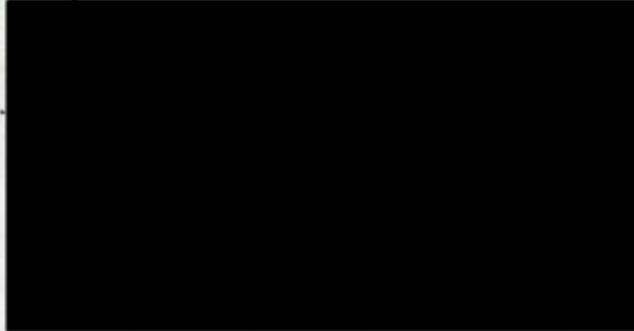
Continue Exit
 Request for Assistance CST**
 Reclassified as ESOL Level IV

Grade: 4 Date: 10-13-99

Members:

Administrator 
 ESOL Teacher 
 *BSHL Teacher 
 Teacher 
 Counselor 
 Parent 
 Other _____

Recommendations:



Continue Exit
 Request for Assistance CST**
 Reclassified as ESOL Level IV

Grade: _____ Date: _____

Members:

Administrator _____
 ESOL Teacher _____
 *BSHL Teacher _____
 Teacher _____
 Counselor _____
 Parent _____
 Other _____

Recommendations:

Continue Exit
 Request for Assistance CST**
 Reclassified as ESOL Level IV

*Basic Skills in the Home Language

**Child Study Team

Miami, Florida 33178

Seuring

Roger C. Cuevas, Superintendent M-DCPS
Robert L. Thomas, Superintendent, Region III

Octubre 7, 1999
Fecha

Estimados padres de

Con el fin de cubrir todas las necesidades lingüísticas de sus hijos y acorde con las disposiciones estatales de la Florida, se ha creado un comité escolar (L.E.P. Committee). El mismo tiene como objetivo fundamental analizar el desarrollo del aprendizaje del inglés como segunda lengua de los alumnos, y a su vez desarrollar planes de estudio y estrategias educacionales en los casos que así lo requieran.

El Comité de L.E.P. se reunirá el día *13 del mes de octubre* a las *7:50 pm* en la oficina de nuestra escuela para analizar el caso de su hijo/a. Por este medio le hacemos formal invitación a dicha reunión.

Atentamente:

[Redacted signature area]

Por favor, firme esta carta y devuélvala a la maestra de su hijo/a si decide asistir.

Si No

[Redacted name area]

10/13/99
Fecha

Note: Original not returned.

SEMINOLE ELEMENTARY - LEP COMMITTEE

Wose

Date: 11-13-97 Child's Name: [Redacted]

Dear Mr./Mrs. [Redacted]:

This is to inform you that we are monitoring your child's academic progress and wish to invite you to participate in a meeting geared towards this progress.

Thank you for your cooperation,

[Redacted]

*Parent conference held 10/20/97 (in person)

[Redacted]

Teacher

Fecha: _____ Nombre del Estudiante: _____

Estimados Sr./Sra. _____

Por este medio, le invitamos a formar parte de un comité con el proposito de estudiar el progreso académico de su hijo/a.

Gracias por su cooperación,

Administrador

Maestra de ESOL

(ESOL.LET)



REQUEST FOR EVALUATION
(Documentation of Screening and Prereferral Activities)

FOR REGION USE ONLY:

TO: _____
DATE OPENED: _____
DATE CLOSED: _____
CASE NO.: _____

DOC
TYPE 2561

DEMOGRAPHIC INFORMATION			DATE (MM/DD/YY)
PRINT STUDENT'S NAME (LAST)	(FIRST)	(M.I.)	11-06-98
STUDENT ID. NO.			

ADDRESS:	BIRTHDATE:	SEX:
SCHOOL:	GRADE: 3	ETHNIC ORIGIN (circle one): W B I A <u>H</u> M
PARENT OR GUARDIAN:	HOME PHONE:	WORK PHONE:

- Required activities for _____
- Child Study Team meeting(s) were conducted. Parents were invited to attend.
 - Student Inventory/Cooperative Consultation Concerns/Information and Alternative Strategies and Follow-Up forms were completed. (Attached)
 - Social History attached. (Previous psychological, medical, and/or other evaluative data reviewed, if available.)
 - Two Observation of Student Behaviors forms or two anecdotal records were completed. At least one must be from a professional other than the referring source. Anecdotal records are directly related to the reasons for the request and must extend over a minimum of two weeks. (Attached)
 - Attendance records were reviewed. (Excessive absenteeism was investigated, if needed.)
 - Sensory functions were screened when required. Request for further sensory evaluation, if needed, has occurred. (Attached)
 - Procedural Safeguards Available to Parents of Exceptional Students have been received and were explained to the parent(s) or guardian(s) of the student.
 - A Notice of Intent and Parental/Guardian Consent to Conduct an Evaluation form has been reviewed and signed. (Attached)
 - Teacher Nomination Form, Gifted Programs - Rating Scale is attached, if needed.

For limited English proficient students, only:

- The CST has reviewed the Individual LEP Student Plan including the ESOL level. (Attached)
- The Home Language Screening Questionnaire form was completed prior to CST.
- Section IX of the Observation of Student Behaviors form was completed. (Attached)
- Bilingual testing: Yes ___ No ✓ Language(s) to be used: English

ESOL 5
exited 6-97

CST Members:

(Administrator/CST Chairperson)

4. _____
(CST Committee Representative)

Referral Packet Completed: _____

DATE: 3/10/99

Original: Cumulative Record

Copy: Region Office

anecdotal needed



Nombre del Estudiante en Letras de Molde			FECHA (MM/DD/YY)
(Apellido)	(Primer Nombre)	(Inicial)	11-06-98
Número de Identificación del Estudiante			

NOTIFICACIÓN DEL PROPOSITO Y CONSENTIMIENTO DE PADRES/GUARDIÁN PARA LLEVAR A CABO UNA EVALUACION

A LOS PADRES O EL GUARDIÁN DE _____

Después de una cuidadosa revisión del expediente educacional de su hijo(a) y de poner en práctica estrategias para ayudar a su hijo(a) para repasar la información previa tal como, Observaciones del Aula Anecdotaes Exámenes Basados en el Programa Estudios Exámenes hechos por el(la) Maestro(a) Otro(s): _____, el Estudio del Niño(a) de la escuela su hijo(a) ha recomendado que se administren exámenes adicionales que contribuyan a conocer las necesidades de su hijo(a) determinar la posible necesidad de servicios educacionales especiales. Otros factores pertinentes a este informe, pueden ser: _____

Opciones educacionales que fueron consideradas y rechazadas por ser insuficientes al presente o fueron utilizadas previamente con hijo(a) incluyen:

- | | | | |
|----------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Control de conducta | <input checked="" type="checkbox"/> Cambio en nivel de enseñanza | <input type="checkbox"/> Prevención de deserción escolar | <input type="checkbox"/> Remisión a Agencia Comunitaria |
| <input type="checkbox"/> Consejería | <input checked="" type="checkbox"/> Cambios en metodos de enseñanza | <input type="checkbox"/> Tutoría | <input type="checkbox"/> Otro(s): _____ |

Con su consentimiento, un grupo de profesionales, incluyendo una evaluación especialista (e.j., sicólogo escolar, patólogo del habla) seleccionara exámenes específicos y otros instrumentos de evaluación en las siguientes areas:

- Asesoramiento del desarrollo: La comunicación, la inteligencia, y las destrezas sociales.
- Asesoramiento sico educacionales: Destrezas academicas, de percepción, de comportamiento, social o de lenguaje.
- Asesoramiento de la vista: Asesoramiento de la habilidada visual.
- Asesoramiento Audiológico: Asesoramiento de la habilidad auditiva
- Asesoramiento de destrezas del habla y lenguaje: Destrezas de comunicación, habilidad del habla, destrezas de articulación y calidad de la voz.
- Asesoramiento Social: destrezas sociales y de comportamiento
- Asesoramiento Motórico/Físico: destrezas motóricas finas y gruesas.
- Asesoramiento Médico: status físico que pudiera influenciar el aprendizaje y pudiera incluir una evaluación pediatra, siquiatrica, física o neurológica
- Otro(s): lo necesario, language Dominance Assessment

Un reporte sera escrito que contenga los resultados de estas evaluaciones y otra información educacional. Usted sera invitado(a) asistir a una reunión para revisar este reporte y ayudar el desarrollo de un program educacional apropiado para su hijo(a). Usted tiene derechos especificos con relación a este informe que se encuentra descritos en las Protecciones de los Procedimientos Disponibles Padres de Estudiantes Excepcionales, que están adjunta a esta notificación.

Porfavor antes de devolver la planilla marque todas las respuestas que le apliquen.

- | | | |
|----------------------------------------|----------------------------------------|------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Si | <input type="checkbox"/> No | Yo/nosotros comprendemos) las razones de esta evaluación. |
| <input checked="" type="checkbox"/> Si | <input checked="" type="checkbox"/> No | Yo/nosotros solicito(amos) una reunión para discutir la propuesta evaluación |
| <input checked="" type="checkbox"/> Si | <input type="checkbox"/> No | |

CONSENTIMIENTO: _____

 (Escuela/Dirección del Trabajo)

11/06/98
 (Fecha)

Por favor devuelva la copia blanca de este formulario y dirija cualquier pregunta acerca de este informe o sobre las Protecciones de los Procedimientos a:

 (Escuela/Dirección del Trabajo)

A.P.
 (Posición)

261-7071.
 (Teléfono)

12/1/98 - Note sent to mother that [redacted] failed!

This screening and she must have an examination to determine if glasses needed

DADE COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
VISION SCREENING
M-TEAM REFERRAL REPORT

Does not wear glasses

VISION SCREENING REPORT

NAME OF STUDENT [redacted] BIRTHDATE [redacted]

ADDRESS _____
City State Zip Code

TELEPHONE [redacted] SEX F ETHNICITY H

SCHOOL [redacted] GRADE 3 TEACHER [redacted]

PARENT/GUARDIAN _____

Reason for referral: _____

Visual Acuity without glasses: [redacted]

Visual Acuity with present glasses: _____

Visual Acuity with prescription recommended: _____

[redacted]

[redacted]

Signature [redacted]

Title Counselor

[REDACTED]
MIAMI, FLORIDA 33144

Phone: [REDACTED]

Fax: [REDACTED]

[REDACTED]
Principal

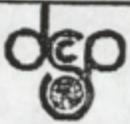
[REDACTED]
Superintendent
Dade County Public Schools

Dec 1, 1998

Dear: [REDACTED]

[REDACTED] did not pass
a vision screening which was
given her last week.

In order for the school to
continue with the request for a
psychological evaluation, you
must have a vision examination
done. The eye doctor must send a
letter stating that [REDACTED] does or
does not require eye glasses.
Sincerely,
[REDACTED]



Speech-Language-Hearing Report/M-Team Referral

Name [redacted] D.O.B. [redacted] Age 8 Grade/ESE 3 [redacted]
[redacted] Student's Native Language/Dialect *Port 4*
Evaluation Date..... Examiner..... Verbal IQ.....
Develop./Perform. Score..... Evaluation Conducted in (language)

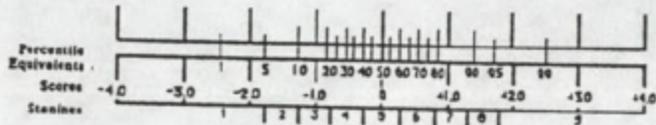
MEMO

TO: [redacted]
FROM: [redacted] Student Services

DATE: 12-3-98

SUBJECT: *Speech hearing screening:*

for [redacted] - from Nov 6, 1998 CST referral. I don't recall if she was referred to you yet. I was not at the Nov 6 CST - [redacted]



Recommendations:

- Refer for eligibility staffing: (circle) Articulation Fluency Voice Language
- Additional testing needed: (circle) Bilingual ESOL Psychometric
- No further testing needed

Comments:



Speech Language-Hearing Report/M-Team Referral

Name [redacted] D.O.B. [redacted] Age 8-7 Grade/ESE 3

Student's Native Language/Dialect Spanish/English

Evaluation Dates 2-5-99 and 2/9/99 Examinee [redacted] Verbal IQ in process

Develop./Perform. Score in process Evaluation Conducted in English (language)

Audiometric Screening at 25 dB. PASS FAIL

Threshold Testing Results: R →
L →

Referred: (Agency or Private)

Oral Peripheral Exam:
WNL YES/NO

Comments: Structure and function are adequate for speech.

Articulation/Phonology (Severity Rating):WNLMILDMODERATESEVERE
 Test Speech sample Results communication noted
 Test Results.....

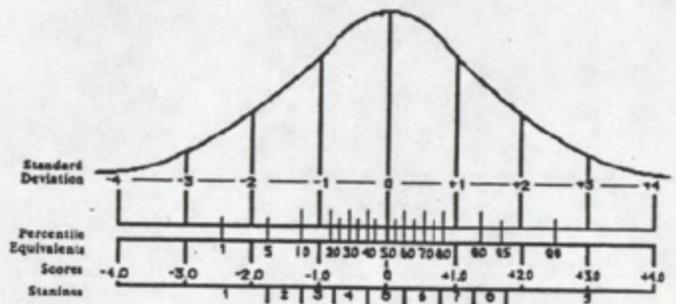
Intelligibility (Connected Speech): WNLGOODFAIRPOOR

Fluency (Severity Rating):WNLMILDMODERATESEVERE
 Test Speech sample Results moderate
 Supportive Data: YES NO

Voice (Severity Rating) WNL MILD MODERATE SEVERE
 Medical Clearance YES NO PENDING
 Supportive Data: YES NO Diagnosis:

Language (Severity Rating):WNL
 ReceptiveWNLMILDMODERATESEVERE
 ExpressiveWNLMILDMODERATESEVERE
 PragmaticsWNLMILDMODERATESEVERE

Test Instruments	Raw Score	Scaled Score	S.D.	Age Equiv.
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]



Recommendations:

- Refer for eligibility staffing: (circle) Articulation Fluency Voice Language
- Additional testing needed: (circle) Bilingual ESOL Psychometric
- No further testing needed

Comments: Recommendations withheld until staffing pending results of psychological testing.

Dade County Public Schools - Miami, Florida
Office of Exceptional Student Education
OBSERVATION OF STUDENT BEHAVIORS

Student's Name: _____
 School: Pensacola Elementary
 Observer: _____ Subject: _____

Birthdate: _____
 Grade: 3
 Date of Completion: 11-2-98

I. ATTENDING BEHAVIORS	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Seems to have difficulty staying in seat.					
Does not complete tasks.					
Has short attention span.					
Is easily distracted.					
Appears to daydream.					
Exhibits impulsive behavior (blurts out, etc.).					
Appears hyperactive/overactive.					

COMMENTS: _____

II. INTERPERSONAL BEHAVIORS	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Tries to dominate others.					
Is easily led, influenced by others.					
Prefers solitary activity.					
Avoids competitive activities.					
Avoids verbal communication.					
Does not participate in class activities.					
Is ridiculed by peers.					
Is ignored by peers.					
Sexually aggressive toward other students.					
Physically aggressive, hits/kicks/bites/etc.					
Threatens teachers/students with bodily harm.					
Prefers activities with opposite sex.					

COMMENTS: _____

III. DISRUPTIVE/INAPPROPRIATE BEHAVIORS	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Exhibits perseverating/repetitive behaviors (rocking, tapping, etc.).					
Has temper tantrums.					
Exhibits self-injurious behavior (specify below).					
Uses profane language.					
Lacks self-control (specify below).					
Cries inappropriately.					
Demonstrates moods.					
Takes things belonging to others.					
Makes untrue statements.					
Imitates opposite sex.					
Is destructive (specify below).					

COMMENTS: _____

Student's Name: [REDACTED]

School: *Fernand Elementary*

IV. INDICATORS OF ANXIETY	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Appears nervous, jumpy.					
Seems to worry.					
Seems unhappy.					
Appears to stutter.					
Reluctant to speak in group situations.					
Seems tense, unable to relax.					
Seems easily frustrated and confused.					
Appears self-conscious, easily embarrassed, shy.					
Manifests fear of school (specify below).					
Bites fingernails, sucks thumb/fingers.					
Compulsive talker.					

COMMENTS: [REDACTED]

V. COGNITIVE SKILLS/PERCEPTUAL MOTOR	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Has difficulty copying from chalkboard.					
Has difficulty reproducing drawings, letters, numbers or written words.					
Exhibits poor gross motor skills (specify below).					
Seems to have difficulty with visual tracking: skips lines, words, word endings, etc. (specify below).					
Exhibits poor perception of spatial relationships (letter/number reversals, spacing).					
Has difficulty remembering (specify below).					

COMMENTS: [REDACTED]

VI. PSYCHO-PHYSIOLOGICAL	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Has need to use bathroom excessively.					
Speaks unclearly in native language.					
Exaggerates physical complaints (headaches, stomach aches, etc.).					
Rubs eyes, eyelids/eyes inflamed.					
Holds material close to face.					
Turns head to one side listening/working.					
Wets clothes.					
Exhibits muscle spasms (twitches/ticks).					
Becomes ill when upset or frustrated.					

COMMENTS: _____