

Student's Name [REDACTED] School: [REDACTED]

VII. EARLY SEIZURE IDENTIFICATION	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Rapid blinking or rolling of eyes.	[REDACTED]				
Periods of "day dreaming", dazed behavior or blank staring.					
Picking of clothes, mumbling, chewing or random movements while acting dazed.					
Head nodding.					
Memory gaps.					
Sudden fear, anger or panic.					
Muscle jerks or sudden falls.					
Inability to communicate for a short time.					
Repeated movements that look unnatural.					

COMMENTS: [REDACTED]

Additional Information:

VIII. SELF-CONCEPT	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Appears to lack self-confidence.	[REDACTED]				
Exhibits feelings of inferiority.					
Exhibits feelings of superiority.					
Appears to lack motivation.					
Needs praise and encouragement.					
Demands attention from teacher.					
Demands attention from peers.					
Demonstrates pervasive expectation of failure.					
Prefers tasks considerably below instructional level.					
Selects overly difficult classroom tasks.					

COMMENTS: [REDACTED]

Additional Information:

Student's Name ██████████ School: ██████████

IX. SPEAKER OF LANGUAGE(S) OTHER THAN ENGLISH	0% Never	1-10% Seldom	11-30% Sometimes	31-50% Often	Over 50% Excessively
A. SOCIAL LANGUAGE					
Points to classroom items upon command.					
Follows classroom directions.					
Exchanges common greetings.					
Initiates and maintains a social conversation.					
Gives classroom commands to peers.					
Orally participates in group activities.					
Appears self-conscious about his/her speaking skills.					
Uses voice intonation, stress and pauses appropriately.					

COMMENTS: _____

B. ACADEMIC LANGUAGE	0% Never	1-10% Seldom	11-30% Sometimes	31-50% Often	Over 50% Excessively
Follows specific directions for academic tasks.					
Understands vocabulary for academic tasks.					
Understands teacher's discussion, related to topics.					
Asks/answers specific questions about the topic being discussed.					
Asks for clarification.					
Volunteers to answer questions related to the subject.					
Follows along during oral reading activities.					
Understands reading as a process; is able to integrate words into meaningful sentences.					
Experiments with writing by drawing, copying and inventing own spelling.					
Is able to convey information through written expression, using the correct mechanisms of writing.					

COMMENTS: _____

X. ACADEMIC PERFORMANCE

	Grade Level*	Instrument	Date
Reading:			
Decoding			
Comprehension			
Arithmetic:			
Computation			
Application			
Language Ability:			
Verbal			
Written			
Teacher's Signature: ██████████			

Based upon your experiences with this pupil, do you believe a significant discrepancy exists between this pupil's ability and his achievement?

Grade: _____
 Yes No

Recent Home/Environmental Changes: _____



giving our students the world

Speech-Language-Hearing Report/M-Team Referral

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

MEMO

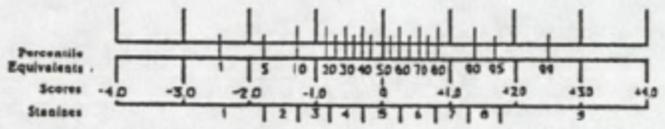
TO: [redacted]

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]

Table with 4 columns and 2 rows for data entry.



Recommendations:

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

Comments: _____



giving our students the world

Speech-Language-Hearing Report/M-Team Referral

Name [redacted] D.O.B. [redacted] Age 8-7 Grade/ESE 3
School [redacted] Student's Native Language/Dialect Spanish/English
Evaluation Date 2-5-99 and 2/19/99 Examiner [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.

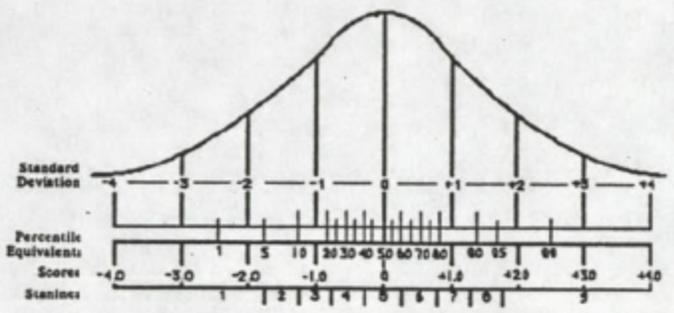
Articulation/Phonology (Severity Rating): WNL MILD MODERATE SEVERE
Test Speech sample Results no misarticulations noted
Intelligibility (Connected Speech): WNL GOOD FAIR POOR

Fluency (Severity Rating): WNL MILD MODERATE SEVERE
Test Speech sample Results no disfluencies noted
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
Receptive WNL MILD MODERATE SEVERE
Expressive WNL MILD MODERATE SEVERE
Pragmatics WNL MILD MODERATE SEVERE

Table with 5 columns: Test Instruments, Raw Score, Scaled Score, S.D., Age Equiv. [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.

12-3-98

- Miami, Florida
Office of Exceptional Student Education
OBSERVATION OF STUDENT BEHAVIORS

Student's Name: [Redacted]
School: [Redacted]
Observer: [Redacted]

Birthdate: [Redacted]
Grade: 3
Date of Completion: 12-3-98

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

COMMENTS: _____

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

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.).	[Redacted]				
Has temper tantrums.	[Redacted]				
Exhibits self-injurious behavior (specify below).	[Redacted]				
Uses profane language.	[Redacted]				
Lacks self-control (specify below).	[Redacted]				
Cries inappropriately.	[Redacted]				
Demonstrates moods.	[Redacted]				
Takes things belonging to others.	[Redacted]				
Makes untrue statements.	[Redacted]				
Imitates opposite sex.	[Redacted]				
Is destructive (specify below).	[Redacted]				

COMMENTS: _____

Student's Name: _____ School: [Redacted]

VII. EARLY SEIZURE IDENTIFICATION	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Rapid blinking or rolling of eyes.	[Redacted]				
Periods of "day dreaming", dazed behavior or blank staring.	[Redacted]				
Picking of clothes, mumbling, chewing or random movements while acting dazed.	[Redacted]				
Head nodding.	[Redacted]				
Memory gaps.	[Redacted]				
Sudden fear, anger or panic.	[Redacted]				
Muscle jerks or sudden falls.	[Redacted]				
Inability to communicate for a short time.	[Redacted]				
Repeated movements that look unnatural.	[Redacted]				

COMMENTS: _____

Additional Information: _____

VIII. SELF-CONCEPT	0%	1-10%	11-30%	31-50%	Over 50%
	Never	Seldom	Sometimes	Often	Excessively
Appears to lack self-confidence.	[Redacted]				
Exhibits feelings of inferiority.	[Redacted]				
Exhibits feelings of superiority.	[Redacted]				
Appears to lack motivation.	[Redacted]				
Needs praise and encouragement.	[Redacted]				
Demands attention from teacher.	[Redacted]				
Demands attention from peers.	[Redacted]				
Demonstrates pervasive expectation of failure.	[Redacted]				
Prefers tasks considerably below instructional level.	[Redacted]				
Selects overly difficult classroom tasks.	[Redacted]				

COMMENTS: _____

Additional information: _____

Student's Name: _____ School: _____

IX. SPEAKER OF LANGUAGE(S) OTHER THAN ENGLISH

0% Never	1-10% Seldom	11-30% Sometimes	31-50% Often	Over 50% Excessively
-------------	-----------------	---------------------	-----------------	-------------------------

A. SOCIAL LANGUAGE

- Points to classroom items upon command.
- Follows classroom directions.
- Exchanges common greetings.
- Initiates and maintains a social conversation.
- Gives classroom commands to peers.
- Orally participates in group activities.
- Appears self-conscious about his/her speaking skills.
- Uses voice intonation, stress and pauses appropriately.

COMMENTS: _____

B. ACADEMIC LANGUAGE

0% Never	1-10% Seldom	11-30% Sometimes	31-50% Often	Over 50% Excessively
-------------	-----------------	---------------------	-----------------	-------------------------

- Follows specific directions for academic tasks.
- Understands vocabulary for academic tasks.
- Understands teacher's discussion, related to topics.
- Asks/answers specific questions about the topic being discussed.
- Asks for clarification.
- Volunteers to answer questions related to the subject.
- Follows along during oral reading activities.
- Understands reading as a process; is able to integrate words into meaningful sentences.
- Experiments with writing by drawing, copying and inventing own spelling.
- Is able to convey information through written expression, using the correct mechanisms of writing.

COMMENTS: _____

X. ACADEMIC PERFORMANCE

	Grade Level*	Instrument	Date
Reading:			
Decoding	<u>1st</u>	<i>Santillana</i>	<i>9/98</i>
Comprehension	<u>1st</u>	<i>Santillana</i>	<i>9/98</i>
Arithmetic:			
Computation			
Application			

Language Ability

Verbal _____

Written _____

Teacher's Signature: _____

Date: 12/3/98

* Teachers, please provide the best estimate of academic achievement in the student's native language, and in English.
FOR ALL LEP STUDENTS.

Based upon your experiences with this pupil, do you believe a significant discrepancy exists between this pupil's ability and his achievement?

Circle One: Yes No

If yes, please explain: _____

Recent Home/Environmental Changes: _____

TO: *Receiving school: CST*

FROM: [REDACTED], Student Services [REDACTED]

DATE: *1-7-99*

SUBJECT: *Anecdotal record -* [REDACTED]

[REDACTED]

[REDACTED]

DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION

ANECDOTAL RECORD

Student's Name [REDACTED]

School [REDACTED]

Teacher's
Signature [REDACTED]

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.

11-9-98

11-10-98

1-11-98

1-12-98

1-13-98

11-16-98

DEPARTMENT OF EXCEPTIONAL STUDENT EDUCATION

ANECDOTAL RECORD

Student's Name

School

Teacher's
Signature

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.

1-17-98

11-12-98

11-19-98

11-20-98

11-23-98

11-24-98

11-25-98

received 10-8-98

Request Assistance Form - Child Study Team

Please submit this to Mr. [redacted]; **after** two parent conferences and some classroom strategies have been documented.

Student Name [redacted] Date 10-12-98

ID # [redacted] 2 dob _____ Teacher [redacted]

Date Outcome
4. 10-6-98 [redacted]

Parent Conferences:

- 1. Date 9-2-98 Outcome [redacted]
- 2. Date 9-15-98 Outcome [redacted]
- 3. Date 9-30-98 outcome [redacted]

Classroom Strategies:
Strategy [redacted]

Outcome of Strategies: [redacted]

Reason for Request for Assistance: [redacted]

MEMO

TO: [REDACTED] Assistant Principal, Counselor, CST Chairperson

FROM: [REDACTED], Bilingual Assessor
Bilingual/ESOL ESE Program
Division of Exceptional Student Education

RE: [REDACTED]

ID# [REDACTED]

DATE: 3/3/99

Enclosed is the report for the above named student. Should you have any questions, please call me at [REDACTED]

Thank you.

[REDACTED]
DIVISION OF EXCEPTIONAL STUDENT EDUCATION

**BILINGUAL/ESOL ESE PROGRAM
LANGUAGE PROFICIENCY/DOMINANCE ASSESSMENT REPORT**

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

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

LANGUAGE PROFICIENCY/DOMINANCE ASSESSMENT INSTRUMENTS ADMINISTERED:

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

REASON FOR REFERRAL:

[REDACTED]

BACKGROUND INFORMATION:

[REDACTED]

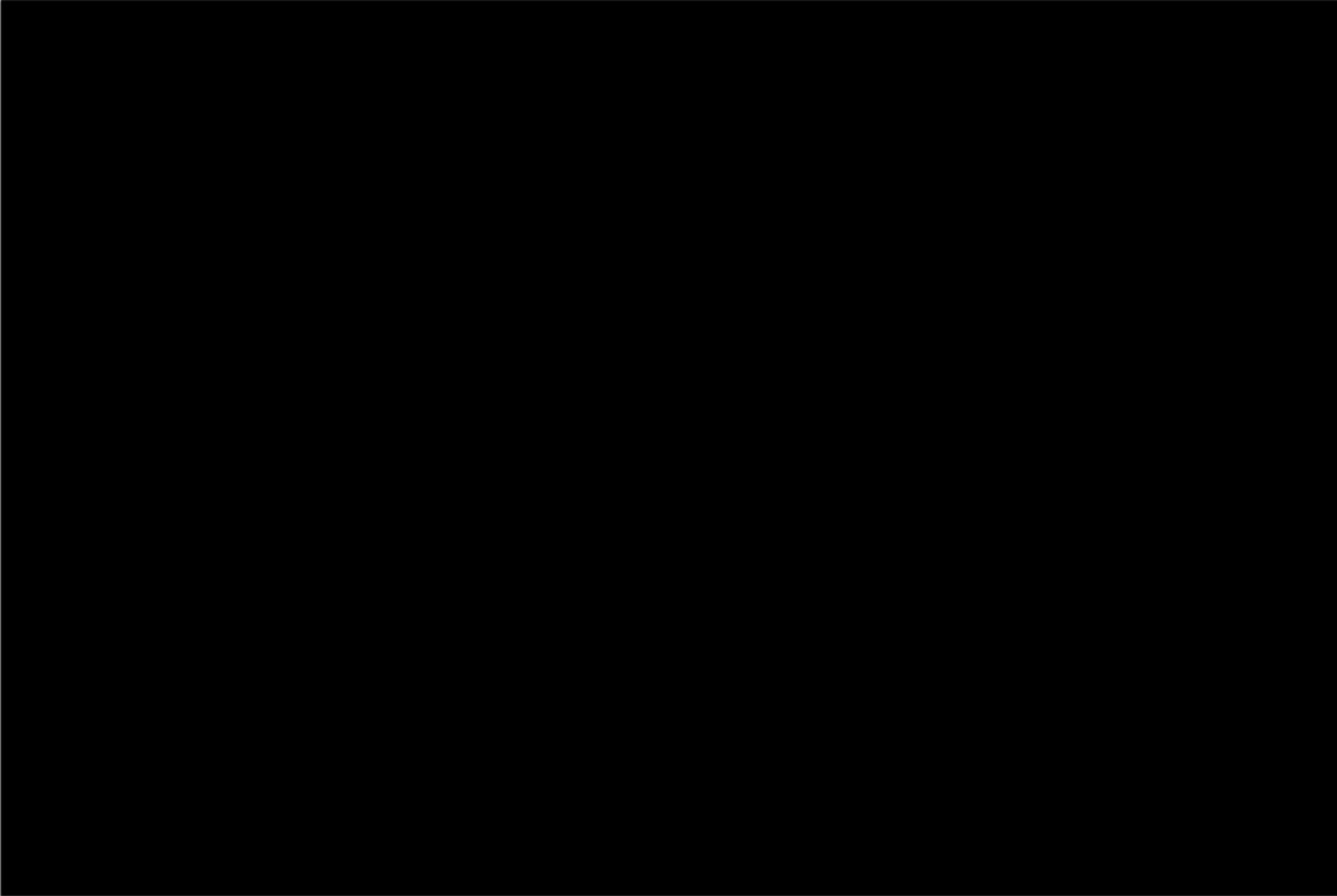
BEHAVIORAL OBSERVATIONS:

[REDACTED]



TESTS RESULTS:

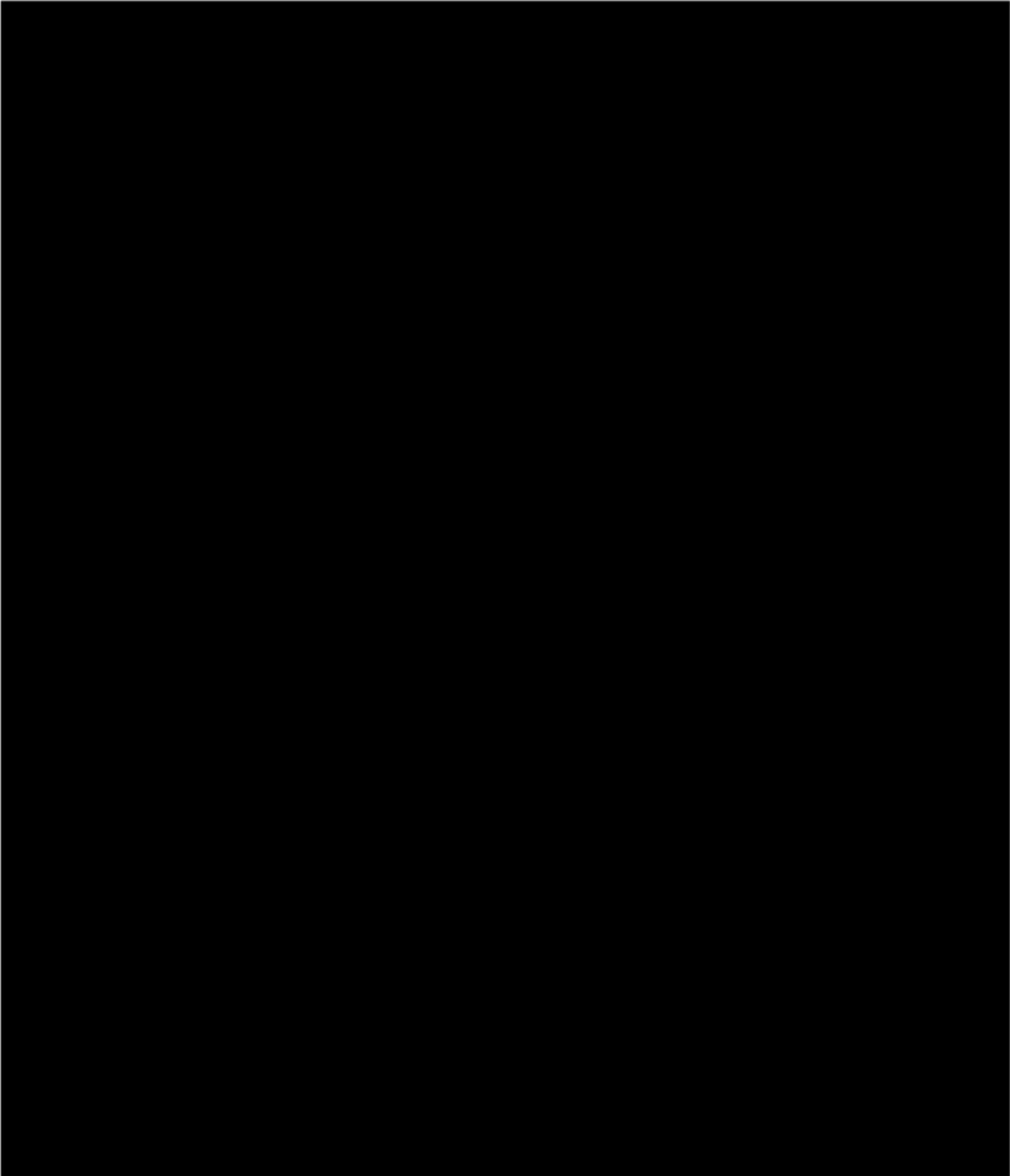
Analysis of [REDACTED]'s performance profile reflected the following findings:

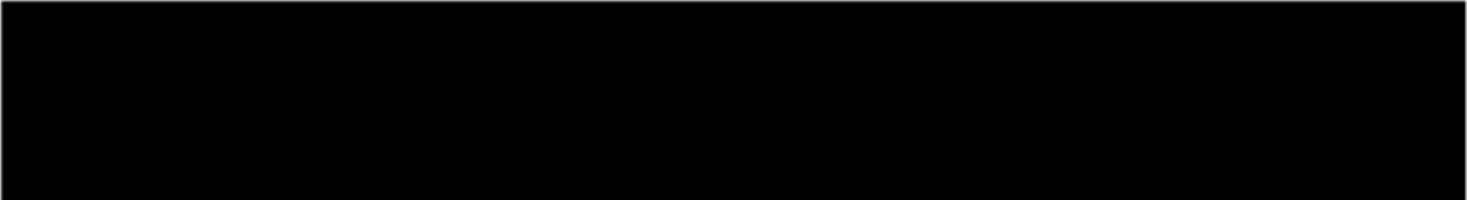


INSTRUCTIONAL/LANGUAGE DOMINANCE ASSESSMENT INTERPRETATION:

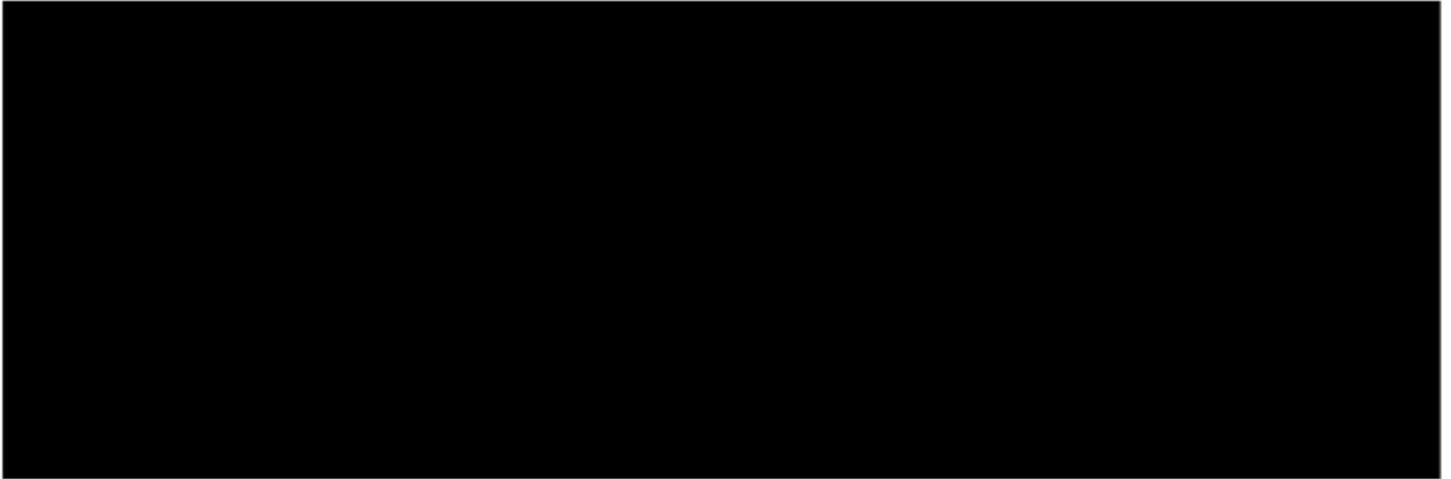
Social Language



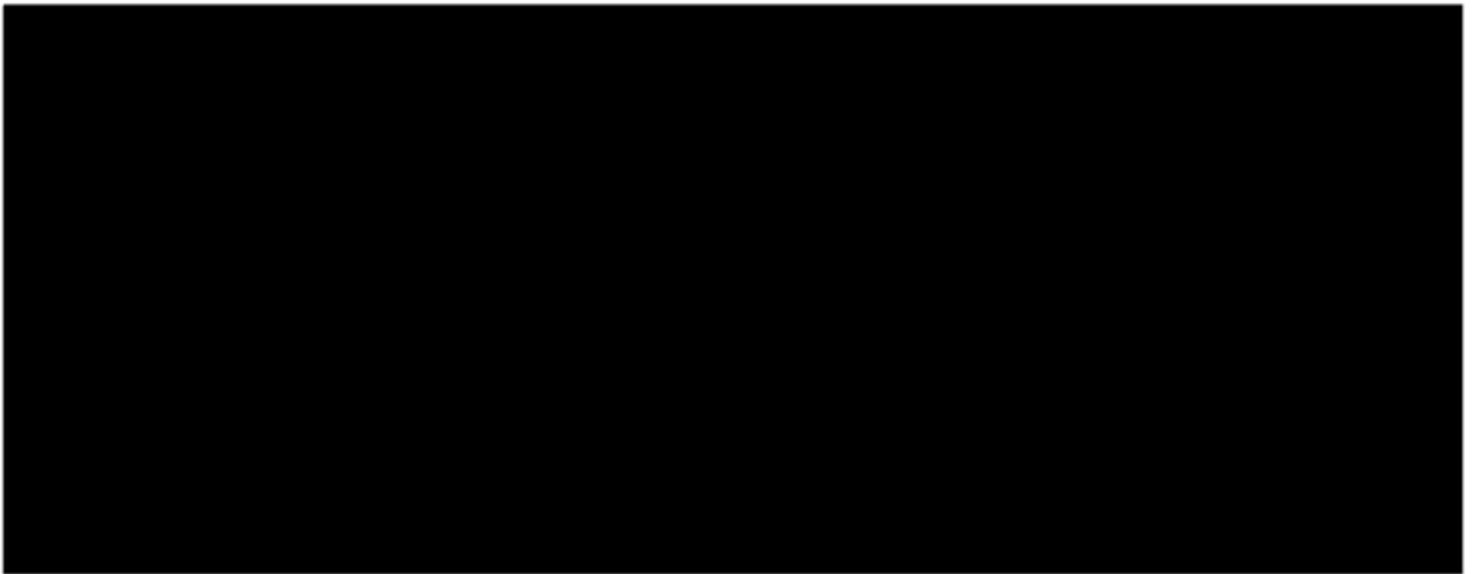




SUMMARY/CONCLUSION:



RECOMMENDATIONS:



██████████ Bilingual Assessor
Division of Exceptional Student Education

[REDACTED]

**EXCEPTIONAL STUDENT EDUCATION
ANECDOTAL RECORD**

Student's Name [REDACTED] School [REDACTED]
First day of school 1/5/99

Teacher's Signature [REDACTED]

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.

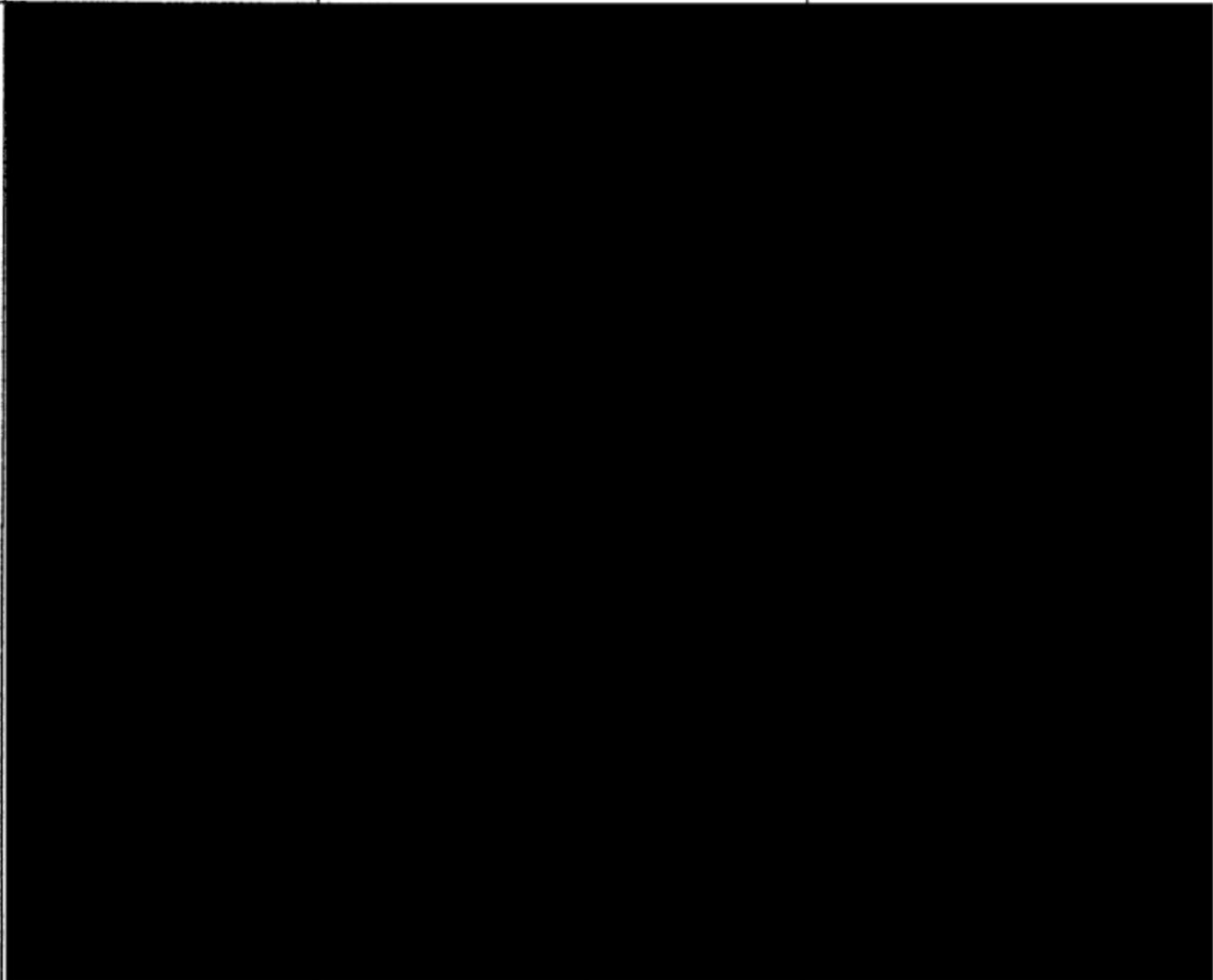
1-6-99

1-8-99

1-12-99

1-14-99

1-.-99



[REDACTED] [REDACTED] [REDACTED]
EXCEPTIONAL STUDENT EDUCATION
ANECDOTAL RECORD

Student's Name [REDACTED] School [REDACTED] Teacher's Signature [REDACTED]

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.

1-22-99

1-27-99

2-4-99



DADE COUNTY PUBLIC SCHOOLS
EXCEPTIONAL STUDENT EDUCATION
ANECDOTAL RECORD

Student's Name [REDACTED] School [REDACTED] Teacher's Signature [REDACTED]

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.
2-18-99			


EXCEPTIONAL STUDENT EDUCATION
ANECDOTAL RECORD

Student's Name _____ School _____ Teacher's Signature _____

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.


EXCEPTIONAL STUDENT EDUCATION
ANECDOTAL RECORD

Student's Name _____ School _____ Teacher's Signature _____

Directions: This form is to be utilized by the teacher in consultation with a school psychologist. During a three week period, certain maladaptive behaviors will be targeted and recorded below.

Date/Time	Antecedent	Behavior	Consequence
Include duration of behavior, if applicable.	State what happened before behavior, including setting and/or possible cause.	State observed behaviors	State what happened following the behavior, such as the immediate response of teacher, student, others.

WEST PALM BEACH, FL 33411

This is NOT an official transcript. Please send request to school center for an official transcript.

Race
HISPANIC

Grade 08 Sex FEMALE Birthdate [redacted] Withdrawal Date 1/5/04 Code Reason [redacted]

EACH TEACHER: Mark grades to present date. Record number of unexcused absences in upper left half of absence box; record total absences in lower right half of absence box. Collect book(s) and note return. Do all work in ink.

Prds	Course	Sec	Bldg-rm	Title	1st Abs		2nd Abs		3rd Abs		4th Abs		Book Rt'd
					Gr	Ex/Un	Gr	Ex/Un	Gr	Gr	Ex/Un	Gr	
01	1205070	01	02-P-13	M/J MATH 3	C	2	1					C-3	Y
				Signature of [redacted]									
02	2002100	02	01-147	M/J COMP SCI 3	B	5	1	2	1			D-2	N/A
				Signature of [redacted]									
03	2100010	01	02-P-8	M/J US HISTORY	A							C-3	Y
				Signature of [redacted]									
04	1303020	01	01-155	M/J CHORUS 3	C							C-2	Y
				Signature of [redacted]									needs to return dress!
05	1501040	11	02-201	M/J STRIKING OBJE	B	2	3	2	1			B-4	Y
				Signature of [redacted]									
06	1001079	06	01-168	M/J LANG ARTS 3	B							B-2	Y
				Signature of [redacted]									
07	1204000	01	02-P-1	M/J INTENS MATH	D							D-3	Y
				Signature of [redacted]									Literature

Title of books not returned	Book#	Condition	Price	Other Outstanding Obligations

Media Specialist: [redacted] Assistant Principal: [redacted]
 Occupational Spc: [redacted] Counselor/Stdt Serv: [redacted]
 Data Processor/Date: [redacted] -12/19/03 Parent: [redacted]
 Form# PBS0 0756 (Rev. 9/90)

ARCHSTONE

Apartment Lease Agreement

Replacement Lease

Resident Address:

[REDACTED]
ROYAL PALM BCH FL 33411

ARCHSTONE HIDDEN HARBOR

[REDACTED]
ROYAL PALM BCH FL 33411

Resident Name(s):

[REDACTED]
(occ. only)
[REDACTED] (occ. only)

Resident Name(s):

[REDACTED]

Lease Term 12
Lease Begin Date 03/01/2003
Lease End Date 02/29/2004

Refundable Deposit 0.00
Applicable Fees 200.00
Pro-rated Rent 0.00

Base Rent	Additional Rent	Monthly Rent
[REDACTED]	[REDACTED]	[REDACTED]

Utilities	Paid By
Electricity	RESIDENT
Gas	N/A

Utilities	Paid By
Water/Sewer	RESIDENT
Trash	RESIDENT

Agreement and Acceptance

This is a Lease between the above named Resident(s) and the Below-named Management for the apartment dwelling described above. It (and any contemporaneously executed additional agreements) is the entire agreement between Resident(s) and Management and [REDACTED] be modified only in writing. As used in this lease, "you" means the resident (tenant) or residents whose names appear above. If there is more than one resident, you are jointly and severally liable for any payments due to us. "We," "our," or "us" means the apartment community. UPON EXECUTION OF THIS LEASE, YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO ALL OF ITS PROVISIONS. It was executed by the Resident(s) and Management on the above "Lease Date." In consideration of the mutual agreements and covenants contained herein, Resident and Management agree as follows:

Ac [REDACTED] 3/2003
Resident [REDACTED] Date

Management [REDACTED]
By: [REDACTED] Community Manager
3/7/2003

8

2003-2004
YEAR

STUDENT LAST NAME FIRST NAME MI
 ADDRESS CITY
 HOME PHONE WORK PHONE

Royal Palm Bch, FL 33411

Eighth graders will have FOUR academic subjects (Language Arts, Math, Comprehensive Science, and Social Studies) and up to ELECTIVES.

Choose one of the following elective options:

- WHEEL (Classes will rotate each 9 weeks.)
 10080704 READING
- 8200210 COMPUTER APPLICATIONS
- 1501040 PHYSICAL EDUCATION
- 8600110 SHOP

OR

Students may select one of the following full year electives. Exception: Students who are reading below grade level will not be exempt from reading. They will be given the option of taking reading in the after school tutorial program or they will be removed from the year long elective to take nine weeks of reading.

ALL OF THE FOLLOWING REQUIRE TEACHER/ADMINISTRATIVE APPROVAL

- 1302000 BAND I (Grades 6 - 8)
- 1302010 BAND III (Grades 6 - 8)
- 1302030 BAND IV (Grades 7 - 8)
- 1303010 CHORUS II (Grades 7 - 8)
- 1303030 CHORUS III (Grades 7 - 8)
- 1302110 HANDBELLS I (Grades 6 - 8)
- 1302120 HANDBELLS II (Grades 7 - 8)
- 07083408 SPANISH I (H.S. CREDIT)
 - A's & B's in L.A.)
- 1400000 OFFICE AIDE (Recommendation required)
- 82090208 COMPUTERS (H.S. CREDIT)

The five courses are subject to administrative change based on availability. Unless signed and returned, we will select the student's electives

Teacher's Signature: X [Redacted]

Student's Signature: [Redacted]

FY2004 8TH GRADE

THIS SIDE FOR SCHOOL USE ONLY

LANGUAGE ARTS

- ___ 1001070 Regular
- ___ 1001080 Advanced
- ___ 7810010L Gifted
- ___ 7810010J EH
- ___ 7810010E EMH
- ___ 7863010T Unique Skills
- ___ 7810010K SLD/FT
- ___ 7810010Q SED
- ___ 7810010G ALP/Func
- ___ 7810010G ALP/Acad.
- ___ 7866030F Speech Therapy

MATHEMATICS

- ___ 1205070 Math 8
- ___ 12003108 Alg I R
- ___ 12003208 Alg I H
- ___ 12063208 Geom. H
- ___ 7812010J EH
- ___ 7863010T Unique Skills
- ___ 7812010K SLD/FT
- ___ 7812010Q SED
- ___ 7812010E EMH

SCIENCE

- ___ 2002100 CompSci 8
- ___ 7820010L Gifted
- ___ 7820010J EH
- ___ 7863010T Unique Skills
- ___ 7820010K SLD/FT
- ___ 7820010Q SED
- ___ 7820010E EMH

SOCIAL STUDIES

- ___ 2100010 Regular
- ___ 7821010L Gifted
- ___ 7821010J EH
- ___ 7863010T Unique Skills
- ___ 7821010K SLD/FT
- ___ 7812010Q SED
- ___ 7821010E EMH

SOC/PERS

- ___ 7863000J VE

READING

- ___ 7810020K VE
- ___ 7810020E EMH

EMH

- ___ 7815010E Adaptive PE

UNIQUE SKILLS

- ___ 786310H HI

OCCUPATIONAL THERAPY

- ___ 7866070

PHYSICAL THERAPY

- ___ 7866070

AIP

- ___ Reading
- ___ Math
- ___ Writing

LEP

SECONDARY STUDENT WITHDRAWAL FORM
School Year 03/04

This is NOT an official transcript. Please send request to school center for an official transcript.

WEST PALM BEACH, FL 33411

Race
HISPANIC

Grade Sex Birthdate withdrawal Date Code Reason

08 FEMALE [redacted] 1/5/04

EACH TEACHER: Mark grades to present date. Record number of unexcused absences in upper left half of absence box; record total absences in lower right half of absence box. Collect book(s) and note return. Do all work in ink.

Prds	Course	Sec	Bldg-rm	Title	1st Abs Gr	2nd Abs Gr	Ex Ex/Un	3rd Abs Gr	4th Abs Gr	Book EX/U	Rt'd	Absences					
												U	T				
01	1205070	01	02-P-13	M/J MATH 3	C		1/2										
				Signature of [redacted]						C-3							
02	2002100	02	01-147	M/J COMP SCI 3	B		5/1										
				Signature of [redacted]						D-2							
03	2100010	01	02-P-8	M/J US HISTORY	A												
				Signature of [redacted]						C-3							
04	1303020	01	01-155	M/J CHORUS 3	C												
				Signature of [redacted]						C-2							needs to return dress
05	1501040	11	02-201	M/J STRIKING OBJE	B		1/2										
				Signature of [redacted]						B-4							
06	1001070	06	01-168	M/J LANG ARTS 3	B		3/1										
				Signature of [redacted]						B-2							
07	1204000	01	02-P-1	M/J INTENS MATH	D												
				Signature of [redacted]						D-3							literature

Title of books not returned	Book#	Condition	Price	Other Outstanding Obligations

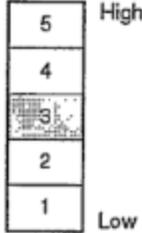
Media Specialist: [redacted] Assistant Principal: [redacted]
 Occupational Spc: [redacted] Counselor/Std Serv: [redacted]
 Data Processor/Date: [redacted] Parent: [redacted]
 Form# PBS0 0756 (Rev. 9/90)

Your 2005 Reading Results

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

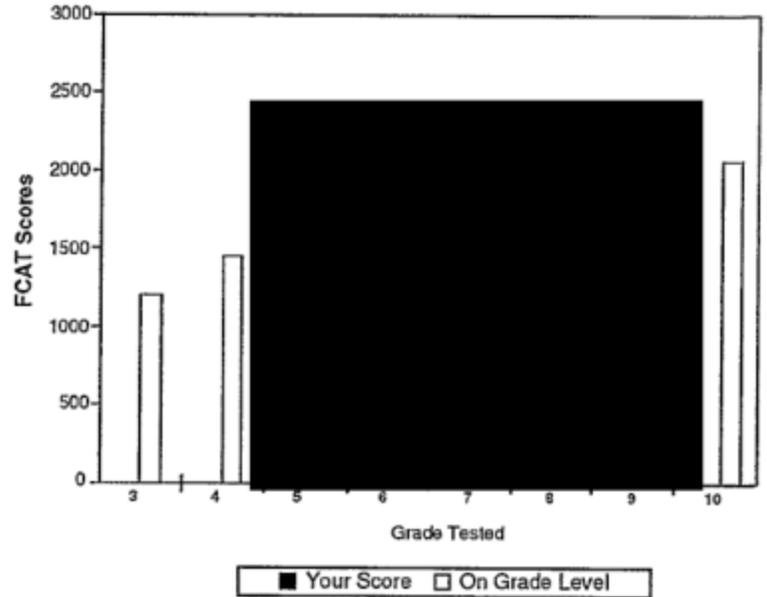


Year	2001	2002	2003	2004	2005
Grade Tested	[REDACTED]				
Achievement Level	[REDACTED]				
FCAT Score *	[REDACTED]				

*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 2005 FCAT Reading score would be between 1949 and 2091.

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

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

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

- 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.

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:

- 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.

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:

- Moi/Fraz -- itilize aptitud pou detèminen siyifikasyon mo yo, sa vle di chak pati nan mo yo epi relasyon ki genyen ant mo yo.
- Idè 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.

Your 2005 Mathematics Results

Your Mathematics score is above grade level. You answered most of the questions on FCAT correctly.

Tu calificación de Matemáticas está por encima del nivel. Respondiste correctamente a la mayoría de las preguntas del FCAT.

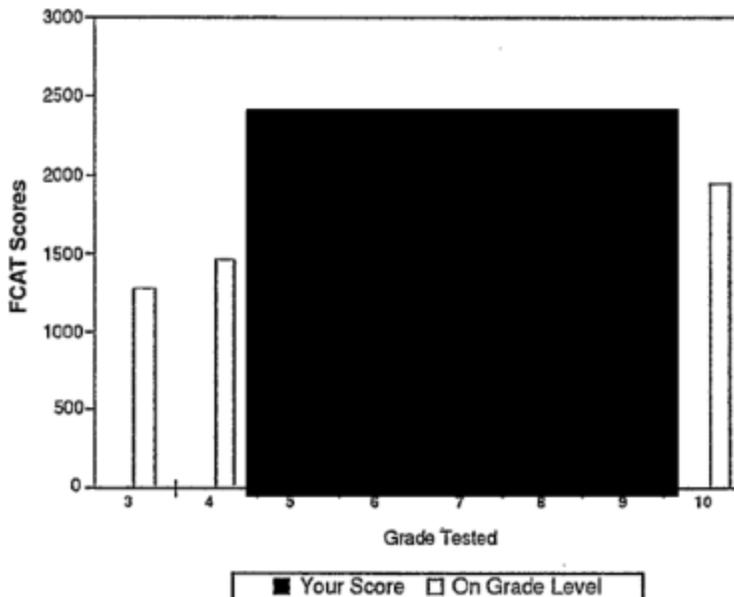
Nòt Matematik ou depase nivo klas la. Ou reponn piò nan kesyon FCAT yo korekteman.

5	High
4	
3	
2	
1	Low

Your Mathematics FCAT Score History

Year	2001	2002	2003	2004	2005
Grade Tested	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Achievement Level	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
FCAT Score *	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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 2005 FCAT Mathematics score would be between 2022 and 2090.



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

Your 2005 Mathematics Content Scores

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

L=Low, M=Middle, H=High

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 youn nechèl nòt ki gen twa chif ladan pou elèv yo.

Chart of FCAT Achievement Levels and FCAT Scores

Mathematics					
Grade	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	2142-2598
10	1068-1831	1832-1946	1947-2049	2050-2192	2193-2709

On grade-level

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.

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 konpetans elèv la nan FCAT a. Men sa yo anvan de elèv la dapre nivo klas la:

- Chif/Sans -- itilize konsepsyon chif ak abilite 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 aljèbrik -- analize modèl epi itilize ekwasyon ak inegalite.
- Analiz Done ak Pwobabilite -- itilize zouti pou fè analiz done pou prezante enfòmasyon, fè prediksyon ak dediksyon.

0130808



CUMULATIVE SCHOOL HEALTH RECORD
(This form is not intended for physician's use)

Special Health Problems - See Narrative _____

Name: [Redacted] Race: _____ Sex: F School: [Redacted]
 Address: [Redacted] Father's Name: [Redacted]
 Loc: FL 33470 Mother's Name: [Redacted]
 Date of Birth: 6/7/90 Place of Birth: [Redacted] Birth Recorded: Yes No
 Immunization Certification: Yes No
 Special Immunization Programs: _____

A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome									
Vision												
Hearing												
Height, Weight & Graphing												
Nutrition												
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome												
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															

STUDENT NAME:

Legal [REDACTED]
SS# [REDACTED]

SEX:

F

RACIAL/ETHNIC GROUP:

- White Not Hispanic
- Black Not Hispanic

- Hispanic
- American Indian/Native Alaskan
- Asian/Pacific Islander
- Multi Racial

STUDENT NUMBER:

[REDACTED]

ADDRESS: (use pencil in this space until final)

[REDACTED]

PHONE NUMBER: (optional)

[REDACTED]

Royal Palm Beach, FL 33411

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

[REDACTED]

P	G	OA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date First Entered This District 8/16/00

BIRTHDATE:

Verified by Birth Certificate: Yes No
If No, What Type Verification?

BIRTHPLACE:

CURRENT SCHOOL: (use pencil in this space until final)

Name [REDACTED]
Street [REDACTED]
City RRB, FL 33411

School:	Grade:								
School Year: _____		School Year: _____		School Year: _____		School Year: _____		School Year: _____	
Days Present:	Days Absent:								
Teacher Name:		Teacher Name:		Teacher Name:		Teacher Name:		Teacher Name:	
COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED	
INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School ESY - Extended Sch Year ESE		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School ESY - Extended Sch Year ESE		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School ESY - Extended Sch Year ESE		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School ESY - Extended Sch Year ESE		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School ESY - Extended Sch Year ESE	
School:	Grade:								
School Year: _____		School Year: _____		School Year: _____		School Year: _____		School Year: _____	
Days Present:	Days Absent:								
Teacher Name:		Teacher Name:		Teacher Name:		Teacher Name:		Teacher Name:	
COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED		COPY OF FINAL REPORT CARD MUST BE INCLUDED	
INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School		INDICATE P - Promote R - Retain PAIP - Promote w/AIP SS - Summer School	

GRADES K-5

(31) STUDENT LIVES WITH (CHECK ONE)
 BOTH PARENTS MOTHER FATHER SHARED CUSTODY OTHER

(32) TRANSPORTED BY: Student will be transported to/from school by (name if other than parent)

(34) FATHER/GUARDIAN: DOES FATHER HAVE CUSTODY? YES NO
 FIRST NAME _____ MIDDLE _____ LAST _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 OCCUPATION _____
 PLACE OF EMPLOYMENT _____

(35) MOTHER/GUARDIAN: DOES MOTHER HAVE CUSTODY? YES NO
 FIRST NAME _____ MIDDLE _____ LAST _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 OCCUPATION HAIRSTYLIST
 PLACE OF EMPLOYMENT _____

(36) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
 A ELEMENTARY SCHOOL (GRADES K-8) B SOME HIGH SCHOOL (GRADES 9-12) C HIGH SCHOOL (GRADUATE)
 D SOME POST-SECONDARY (TECHNICAL/COLLEGE) E TECHNICAL/COLLEGE GRADUATE or ABOVE

(37) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
 A ELEMENTARY SCHOOL (GRADES K-8) B SOME HIGH SCHOOL (GRADES 9-12) C HIGH SCHOOL (GRADUATE)
 D SOME POST-SECONDARY (TECHNICAL/COLLEGE) E TECHNICAL/COLLEGE GRADUATE or ABOVE

(38) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY? YES NO
 FIRST NAME _____ MIDDLE _____ LAST _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____
 OCCUPATION _____
 PLACE OF EMPLOYMENT _____
 BUSINESS PHONE _____

EMERGENCY HEALTH AND SAFETY INFORMATION

PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT		(39) PASSWORD: (LIMIT 10 CHARACTERS)	(40) AUTHORIZED FOR EMERGENCY PICKUP
(41) NAME	ADDRESS	PHONE	RELATIONSHIP <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(42) NAME	ADDRESS	PHONE	RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO
(43) NAME	ADDRESS	PHONE	RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO
(44) NAME	ADDRESS	PHONE	RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO
(45) NAME	ADDRESS	PHONE	RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO

(46) PART II: 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? YES NO

(47) FAMILY DOCTOR (48) PHONE NUMBER (49) HOSPITAL PREFERENCE

(50) LIST YOUR CHILD'S ILLNESSES, BEHAVIORAL HEALTH ISSUES, ALLERGIES, MEDICATIONS TAKEN, OR OTHER PHYSICAL LIMITATIONS:

(51) DOES YOUR CHILD CURRENTLY HAVE HEALTH INSURANCE? YES NO
 If yes, please indicate: Medicaid Healthy Kids/Kid Care Private Interested in receiving information

YOUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:

(52) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(53) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(54) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(55) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE
(56) NAME OF CHILD	SCHOOL ATTENDING	STUDENT NO. (OPTIONAL)	GRADE	BIRTH DATE

(57) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. _____ DATE 08.22.00

FOR OFFICE USE ONLY:

(58) SCHOOL NO.	(59) STUDENT NUMBER	(60) STUDENT LANGUAGE EN	(61) DOB US	(62) ENTRY CODE E01	(63) ENTRY DATE 08/16/00	(64) SAC CODE 068C
		(65) PARENT/GUARDIAN LANGUAGE EN		(66) GRADE LEVEL 05	(67) CALENDAR 01	(68) TEACHER NO. 514
(69) REASSIGNMENT CODE <input type="checkbox"/> A-ADM <input type="checkbox"/> E-ESE <input type="checkbox"/> B-ESOL <input type="checkbox"/> M-MAG	(70) TRANSPORTATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(71) VERIFICATION OF BIRTH 9 Z	(72) HRS DATE	(73) DOCUMENTATION CHECKLIST IMMUNIZATIONS SOCIAL SECURITY NO. (OPTIONAL)	CHECK AND DATE WHEN RECEIVED DATE	VERIFICATION OF BIRTH RECORDS PHYSICAL EXAMS
(74) DATA ENTRY COMPLETED BY: _____						DATE: _____

NEW/RETURNING STUDENTS REGISTRATION

STUDENT NUMBER:

VERIFICATION FOR NEW/RETURNING STUDENTS: TO THE PARENTS OR GUARDIANS:

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

DISTR: 2141 TCHR TNBR: 514STDT HMRM: 514
 RUN DATE: 08/12/00

(1) STUDENT'S LEGAL NAME LAST: [REDACTED] FIRST: <u>SHEMNA</u> MIDDLE: [REDACTED]	(2) ALSO KNOWN AS
--	-------------------

(3) LOCAL ADDRESS HOUSE NO. [REDACTED] STREET NAME: <u>LOXAHATCHEE FL 33470</u> APT. NO. [REDACTED]	(4) MAILING ADDRESS HOUSE NO. [REDACTED] STREET NAME: <u>Loxahatchee Fl 33420</u> APT. NO. [REDACTED]
--	--

(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL) [REDACTED]	(6) HOME PHONE NO.	(7) SEX F <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	(8) RACE H <input type="checkbox"/> I AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> B BLACK NON-HISPANIC <input type="checkbox"/> A ASIAN OR PACIFIC ISLANDER <input checked="" type="checkbox"/> H HISPANIC <input type="checkbox"/> W WHITE NON-HISPANIC <input type="checkbox"/> M MULTIRACIAL
--	--------------------	---	---

(9) DATE OF BIRTH MONTH: [REDACTED] DAY: [REDACTED] YEAR: [REDACTED]	(10) PLACE OF BIRTH DADE COUNTY FL US FLORIDA CITY: [REDACTED] STATE: [REDACTED] COUNTRY: [REDACTED]
---	--

(11) RESIDENT STATUS <input type="checkbox"/> 0. FOREIGN EXCHANGE STUDENT <input type="checkbox"/> 1. OUT-OF-COUNTY RESIDENT <input checked="" type="checkbox"/> 2. OUT-OF-STATE RESIDENT <input type="checkbox"/> 3. IN-COUNTY RESIDENT	(12) ENTRY DATE INTO USA
--	--------------------------

(13) FEDERAL IMPACT AID SURVEY

YES NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY.
 YES NO B. THE STUDENT RESIDES IN LOW RENT HOUSING.
 YES NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY.
 YES NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY.
 YES NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES.

IF YES, IS THE PARENT ON ACTIVE DUTY? YES NO

AIR FORCE ARMY COAST GUARD MARINES NATIONAL GUARD NAVY

(14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? (PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (*), THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)

C. CHAPTER 1 H. HEADSTART O. OTHER
 D. PRE-K DISABILITIES M. MIGRANT PRE-K S. SUBSIDIZED CHILD CARE
 I. PRE-K EARLY INTERVENTION N. NON-SUBSIDIZED CHILD CARE

(15) IS THE STUDENT A SINGLE PARENT? NO <input type="checkbox"/> YES <input type="checkbox"/> NO	(16) CURRENT GRADE LEVEL 05
---	------------------------------------

TRANSFER INFORMATION:

(17) NAME OF SCHOOL TRANSFERRING FROM [REDACTED]	(18) CITY OR LOCATION [REDACTED]	(19) DATE OF LAST ATTENDANCE <u>June 16, 00</u>
(20) GRADE LEVEL <u>4th</u>	(21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY	(22) DATE ATTENDED

FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:

(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM) YES NO

(24) HEALTH SCREENINGS:
 I GIVE PERMISSION FOR MY CHILD TO BE GIVEN NON-INVASIVE HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS. FOR EXAMPLE: VISION, HEARING, SCOLIOSIS, HEIGHT & WEIGHT
 YES YES NO

(25) SODIUM FLUORIDE:
 I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX.
 YES YES NO

NEW STUDENTS TO PALM BEACH COUNTY: Complete the following sections

(26) HOME LANGUAGE SURVEY (#'s 26-29)

1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? YES NO If yes, what language? Spanish
 2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? YES NO If yes, what language? _____
 3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? YES NO If yes, what language? _____

(27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT or GUARDIAN? <u>English/Spanish</u>	(28) WHAT LANGUAGE IS THE STUDENT'S FIRST (1st) LANGUAGE? <u>Spanish</u>	(29) DATE OF ENTRY INTO AN ESOL PROGRAM	(30) DISCLOSURES FOR ENTRY into this School District HAS THE STUDENT EVER: 1. Been expelled from school? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2. Had an arrest resulting in a charge? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. Had any juvenile justice actions? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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THE SCHOOL DISTRICT OF [REDACTED]
6-8 Academic Improvement Plan (AIP)

Student Name _____
last
 School Name _____
 Student's Previous Pr _____

FNRT - READ: _____ MATH: _____
 FCAT - READ: _____ MATH: _____
 HSCT - COMM: _____ MATH: _____
 WAP: _____
 PRIMARY EXCP: _____ AIP: R-ZZ W-ZZ M-F
 LEP: _____

Student ID # _____
 Level _____ School Year _____
 previous AIP (AIP): _____

Diagnostic Assessments Check (✓) all that apply.	READING	WRITING	MATHEMATICS
Classroom/Schoolwide Assessments			
Class Performance			
Student Portfolio			
Teacher Assessments			
Text Placement/Tests			
Systemwide Assessments			
Norm Referenced Test (NRT)			✓
State Assessment(s)			✓
Other Standardized Assessments			
Diagnostic Software			
Other (See attached.)			

After completing diagnostic assessments, check (✓) all that apply.

READING - Focus for remediation:

- Reading Clues:
 Graphophonics Structure Context
- Reading Strategies
 Sampling/Searching Predicting
 Cross-Checking Confirming
- Reading Behaviors
 Rate Self-correcting Self-monitoring
- Comprehensive Strategies
 Fiction Nonfiction
- Specific Skills _____
- Reading Skills
 Vocabulary Word Recognition Word Patterns
- Specific Skills _____
 Specific Skills _____
 Specific Skills _____

WRITING - Focus for remediation:

- Sentence Writing Paragraph Writing
 Composition Writing
- Types of Writing:
 Expository Persuasive
- Awareness/Application of Florida Writes Rubric
 Focus Organization Support
 Conventions of Writing (Grammar/Mechanics)
- Other: _____

MATHEMATICS - Focus for remediation:

- Number Sense, Concepts, and Operations
 Specific Concept(s) _____
- Measurement
 Specific Concept(s) _____
- Geometry and Spatial Sense
 Specific Concept(s) _____
- Algebraic Thinking
 Specific Concept(s) _____
- Data Analysis and Probability
 Specific Concept(s) _____

Instructional Intervention Strategies Check (✓) all that apply.	READING	WRITING	MATHEMATICS
Tutoring			
During School Day			
Afterschool/Saturday Program			
Enrollment in Intensive Course			
Classroom Organization			
Small Group Instruction			
Cooperative Learning Groups			
Guided Reading/ Writing Groups			
Alternative Reading Program			
Technology/Computer-Assisted Instruction			
Other: _____			
Instructional Alternatives			
Suspension of Curriculum			
Variety of Teaching Techniques			✓
Varied Pacing			✓
Assignment Alternatives - Adaptations in:			
Time			✓
Quantity			✓
Product Requirements			✓
ESE Referral			
Other (See attached.)			

Parent/Guardian Contact - Commitment/Contribution

Parent/Guardian Signature: _____ Date: 11/27/01

Teacher/Guidance Signature: _____ Date: 11/26/01

Student Performance Review	READING	WRITING	MATHEMATICS
Date(s) <u>5/31/02</u>			
Outcome (Indicate Yes or No as appropriate)			
Successfully Remediated			X
Requires New AIP next school year			
Retention			
Special Services/Placement			
Other (See attached.)			