STUDENT BACKGROUND INFORMATION FORM

Student Name: ______________________ Date of Birth: __________ Age: ______
School System: ______________________ School: __________________
Teacher: ______________________ Grade Level: ______________

I. Educational Information

A. Special Education Eligibility (Place "P" for Primary Disability and "S" for Secondary Disability(ies) as documented on IEP)

______ Orthopedically Impaired
______ Mildly Intellectually Disabled
______ Moderately Intellectually Disabled
______ Severely Intellectually Disabled
______ Profoundly Intellectually Disabled
______ Speech-Language Impaired
______ Learning Disabled
______ Autistic
______ Significantly Developmentally Delayed
______ Hearing Impaired
______ Deaf
______ Vision Impaired
______ Blind
______ Other Health Impaired
______ Traumatic Brain Injured
______ Severely Emotionally Disturbed
______ Behavior Disordered
______ Pervasive Developmental Disorder

B. All Special Education Services (List services indicated in student IEP)

Type of Service	Hours Per Week	Name of Provider

C. Time in Regular Education Class (Hours per Week)

Is this student served in a regular education class? ☐ Yes ☐ No
If yes, specify locations and time and if teacher or paraprofessional support is provided.

Location and Time	**Support Provided?**

II. Medical Diagnosis

______ Cerebral palsy
______ Down's syndrome
______ Traumatic Brain Injury
______ Autism (specify) ______________________
______ Neurological disease (specify) ______________________
______ Other syndrome (specify) ______________________

III. Current Status

A. Vision (Please complete with input from vision teacher if appropriate)

Date of most recent formal test/screening: ____________________

Results: ________________ Wears glasses? ☐ Yes ☐ No Acuity with glasses __________________

Is the student's vision consistent across environments and time of day? __________________________

Based on formal and informal measures, student exhibits:

- _____ no visual impairment
- _____ suspected visual impairment
- _____ documented visual impairment

Explain: ____________________
____

If no formal test/screening results are available, please complete the following information:
Does the student visually track/follow people or objects? ____________________
Does the student accurately reach toward desired items? ____________________
In what position should an object be placed for the student to optimally fixate on it? _________________
____
Does the student appear to be able to distinguish between light and dark? ______________________
Does the student appear to be able to distinguish between objects and colors? _____________________
Additional Comments: ____________________
____

If the student is visually impaired or blind, please complete the following information:

Vision Concerns

_____	acuity	_____	visual field	_____	figure ground
_____	tracking	_____	nystagmus	_____	color blind
_____	scanning	_____	strabismus		

Briefly describe any additional vision concerns **and** attach a copy of the most recent vision examination, if available: ____________________
____

Specify any vision technology currently used by student: ____________________
____

Classroom materials:
Does the student require any of the following modifications to materials? ☐ Yes ☐ No
Please check all that apply:

_____ Darker lines _____ Increased print size (specify) ______________________
_____ Increased space _____ Personal copy of overhead/board materials
_____ Alternate background/font color (specify) ____________________
_____ Additional Modifications: ____________________
____

During Computer Usage:
Describe student position at computer ____________________
Describe any visual modifications made to the computer display (font, color, enlarged mouse arrow, etc.)
____

B. Hearing

Date of most recent formal auditory testing/screening: ____
Results: ____
Does the student wear hearing aids? ☐ Yes ☐ No

Based on formal measures, student exhibits:

_____	no hearing loss				
_____	suspected hearing loss				
_____	mild hearing loss (☐ left ear, ☐ right ear, ☐ both)	Aided	_____	Unaided	_____
_____	moderate hearing loss (☐ left ear, ☐ right ear, ☐ both)	Aided	_____	Unaided	_____
_____	severe hearing loss (☐ left ear, ☐ right ear, ☐ both)	Aided	_____	Unaided	_____
_____	deaf				

If no formal test/screening results are available, please complete the following information:
Does the student startle to unexpected noises? ____
Does the student appear to localize or respond to sound? ______________________________
Does the student appear overly sensitive to certain sounds? ______ Specify ______________________
Does the student seem to hear better on one side or the other? ______ Specify side ________________
Additional Comments: ____
____

If the student is hearing impaired or deaf, please complete the following information:

Briefly describe any hearing concerns **and** attach copy of most recent audiological examination, if available: ____
____

Specify any hearing technology currently used by the student:
____
____

C. Cognitive and Academic Status

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS.

Date of most recent psychological assessment: ______________ Specify: _________________________
____
Results ____
____
Date(s) of most recent achievement test: __________ Specify instrument(s) and results: ______________
____
____

Grade Equivalency:		Basic reading level	_______	Spelling level	_______
Math Calculation	_______	Math Reasoning	_______	Reading Comprehension	_______
Written Expression	_______	Basic reading level	_______	Listening Comprehension	_______

Date of most recent adaptive behavior assessment(s): _____________________ Specify instrument(s) and results: ____
____
____
____

Briefly describe student's writing abilities/written communication skills including adaptations used:
____
____
____
____

Briefly describe student's reading skills (decoding/comprehension) including adaptations used:
____
____
____
____

Briefly describe student's processing skills (visual, auditory, and visual-motor): ____________________
____
____
____

Please complete the following for <u>pre-academic students</u> or <u>students in functional programs</u>

______	alerts to sound	______	demonstrates functional use of objects
______	anticipates routines	______	matches to samples
______	demonstrates object permanence	______	sorts
______	demonstrates cause/effect	______	has a sight vocabulary, approx # ________
______	identifies familiar people/objects	______	attends to task for _____ seconds/ _____ minutes
______	imitates within repertoire ☐ vocal and/or ☐ motor		

D. Behavior

Briefly describe any behavioral concerns (e.g. self-stimulatory, aggressive, attention seeking, etc.): _____
____
____
____

E. Communication

PLEASE DO NOT ABBREVIATE NAMES OF TESTS AND SUBTEST AREAS

Date of Formal Measures of Receptive/Expressive Language: _______________ Specify instrument(s) and results: ____
____
____

Date of Informal Measures of Receptive/Expressive Language: ____________________ Specify methods:
____
____

Additional comments: ____
____
____
____

Based on the results of formal and informal testing, the student exhibits:

______ no communication impairment

______ communication impairment

If the student exhibits a communication impairment, please provide the following information:

Oral motor skills

_____ structure is adequate for speech production
_____ structure is inadequate for speech production – Describe: ____________________________
____
_____ function is adequate for speech production
Function is inadequate for speech production – Describe: ____________________________
____

Receptive Communication Skills

_____ Student anticipates familiar routines
_____ Student follows verbal commands within repertoire, # of steps _____
_____ Student understands single words (☐1-10 words ☐11-20 words ☐ More than 20)
_____ Student understands common phrases
_____ Student understands sentences

Expressive Communication Mode: (Check all modes of communication currently utilized by the student)
Nonsymbolic Communication

_____ Facial expressions
_____ Eyegaze
_____ Gestures
_____ Vocalization (e.g. laughing, crying)
_____ Meaningful vocalizations (identifiable sounds)
_____ Nonconventional behavior
_____ Physical guidance of communication partner

Symbolic Communication
_____ Manual Signs Type ______________________ Number ______________________
Number of signs combined for communication __________________
_____ Verbal
_____ word approximations
_____ single word utterances ☐ 1-10 words ☐ 11-20 words ☐ 21-30 words ☐ 30+ words
_____ Phrases/sentences ☐ 2-3 words ☐ more than 4 words

Briefly describe speech intelligibility: ____
____

Augmentative Communication System
Briefly describe systems previously and/or currently used including symbol set and access technique: ____
____
Primary mode of communication: ______________________________________
Preferred mode of communication: _____________________________________

Communication Interactions:

Does student independently initiate communicative interactions? ☐ Yes ☐ No
Initiations are consistent across ☐ speakers ☐ environments
Does student independently respond to communicative interactions? ☐ Yes ☐ No
Responses are consistent across ☐ speakers ☐ environments
Describe:
____
____
____

Communication Functions:
Check all functions currently expressed by the student:

______ gain attention
______ express basic wants and needs
______ Request activity choices
______ exprexss rejection to indicate an undesired item/object/activity
______ express recurrence of a desired item/activity
______ express "finished" to indicate completion of an activity
______ request adult/peer assistance when needed
______ provide social greetings/farewells
______ express comments related to activity
______ respond appropriately to yes/no questions
______ respond appropriately to "wh" questions

Communication Environments: ☐ community ☐ home ☐ classroom ☐ worksite ☐ lunchroom ☐ playground ☐ other, specify: ______________________

Communication Partners: ☐ teachers ☐ peers ☐ family ☐ other, specify: ______________________

F. Motor

COMPLETE WITH INPUT FROM OCCUPATIONAL AND/OR PHYSICAL THERAPIST, IF STUDENT RECEIVES THESE SERVICES.

Date and results of formal/informal motor assessment: ______________________
____
____

Based on the results of **formal** and **informal** measures, student exhibits:
______ No motor impairment
______ Motor impairment

If the student exhibits motor impairment, please supply the following information:

Ambulation
______ Student is ambulatory
______ Student requires adaptive/assistive equipment for ambulation. Specify: ______________________
____

Seating and Positioning
What seating and positioning does the student use most often (adapted chair, prone stander, bean bag, mat, etc.)? ______________________
____
What is optimal seating and positioning for the student? ______________________
____

______ Student utilizes a wheelchair
Type of wheelchair: ______________________

Wheelchair adaptations/features that promote stability (Check all that apply):
_____ Head support
_____ Trunk support
_____ Knee abductor pommel
_____ Strapped foot rest
_____ Arm positioning – adductor pad
_____ seatbelt

Laptray is available: ☐ Yes ☐ No Laptray is used ☐ for positioning ☐ for activities
______ List other seating and positioning equipment utilized by the student: ______________________
____
______ Current seating and positioning system is adequate
______ Current seating and positioning system is inadequate

Seating and positioning concerns: ____
____

Body Tone

Student's general body tone is:

At rest:
______ Hypotonic (floppy)
______ Hypertonic (spastic)
______ Athetoid (fluctuating)
______ Mixed

During activities:
______ Hypotonic (floppy)
______ Hypertonic (spastic)
______ Athetoid (fluctuating)
______ Mixed

Reflexes

Student exhibits abnormal reflexes ☐ Yes ☐ No

______ Startle
______ Assymmetric Tonic Neck Reflex (ATNR) - To what side? ______________________
______ Symmetric Tonic Neck Reflex (STNR)
______ Extensor thrust
______ Other – Describe: ____
____

Describe how the student's active body tone and reflexes affect motor control when completing functional activities: ____
____

Does the student use these reflexes to facilitate motor actions? ______________________
____

Range of Motion

______ Student does not exhibit range of motion limitations
______ Student exhibits range of motion limitations
Describe all areas involved: ____
____
______ Can the student move his/her head in a controlled manner? ______________________
____

Consistency of Responses

______ Student's motor responses are consistent
______ Student's motor responses are affected by fatigue
______ Student's motor responses are affected by change of position (Describe optimal positioning):
____
____

Fine Motor

Describe the student's fine motor skills including the completion of ADL's and handwriting:
____
____
____

Describe the student's most reliable motor response (e.g. right hand, switch contacted with head/cheek): ____
____
____

Sensory Integration

Does the student have sensory integration issues? ☐ Yes ☐ No Describe: ______________
____

G. Current Technology Use

Please list ALL assistive technology (including devices, switches, computer hardware and/or software, etc.) currently used by the student at school and/or home:

____

____

____

____

How often does this student make use of the AT that is available? ______________________

____

When it is used, how successful and independent is the student? ______________________

____

What could be done to increase the student's effective use of appropriate assistive technology now in place? ____

____

Provide information about the computers available for use:

Typical school platform: ☐ Windows: Specify version(s) ☐ 95 ☐ 98 ☐ 2000 ☐ NT ☐ XP
☐ Macintosh: Specify OS(s) ☐ OS 9 ☐ OS X

What types of computers **are now** available for student use? ______________________

Where? ____

What types of computers **could be made** available for student use? __________________

Where? ____

How often, for how long, and for what type of use does the student have access to these computers?

____

H. Consideration Checklist

Please complete the attached Consideration Checklist and return it with this form. You will be asked to provide information about required tasks across instructional and access areas. Also, include the accommodations, modifications, and technology solutions currently in place. A resource document is included with the checklist to provide sample tasks, accommodations, modifications, and technology tools.

I. Additional Information

____

____

____

____

Background Information Provided By:

Name	Position	Date