Bulletin 1903 Screening

Tracking and Verification Form

Student_____

(*Last)* *(First)* *(M.I.)*

	Initial Screening	Second Screening as Needed	This screening was waived because student qualified for 504 or 1508 services.
Kindergarten **Social/ Emotional**	Grade:_____ School:_____ Date:_____ Screened by: _____ Concern: _____YES _____NO	Grade:_____ School:_____ Date:_____ Screened by: _____ Concern: _____YES _____NO	Date:_____ School:_____ _____ Signature
First Grade **Attention Deficit/ Hyperactive Disorder**	Grade:_____ School:_____ Date:_____ Screened by: _____ Concern: _____YES _____NO	Grade:_____ School:_____ Date:_____ Screened by: _____ Concern: _____YES _____NO	Date:_____ School:_____ _____ Signature
Second Grade **Dyslexia**	Grade:_____ School:_____ Date Oral Reading Fluency:_____ Screened by: _____ Concern: _____YES _____NO Concern: _____YES _____NO	Grade:_____ School:_____ Date Oral Reading Fluency:_____ C Screened by: _____ Concern: _____YES _____NO (If yes, continue screening,) Concern: _____YES _____NO	Date:_____ School:_____ _____ Signature

*******If a concern exists refer student to ABIT with additional screening results.*******

Date of ABIT meeting addressing concern:_____	
Outcome of ABIT meeting:	**Name and position of person responsible for implementing outcome** (SPO, 504 Coordinator, Teacher, or other.)
_____ Interventions	
_____ Additional Screening	
_____ Both Interventions & Screening	
_____ Other:	
_____ No Concern	

ALL SCREENINGS HAVE BEEN COMPLETED (The child has been screened at least one time in each of the three areas.)

Principal_____

Signature/Date

PLACE IN <u>GRAY</u> FOLDER

Staple Tracking & Verification Form on inside front of gray folder and Parent Permission on inside back of gray folder. Place all evidence of screenings inside gray folder. This folder MUST be placed in the child's cumulative file.

REVISED OCTOBER 2016