

CWCS Personalized Learning Team Meeting Request

(Also complete and send the [PLT Individual Checklist](http://www.ieminc.org/handbook/PLT/checklist.htm)) <http://www.ieminc.org/handbook/PLT/checklist.htm>

Send both this form and the checklist to Connecting Waters Charter School Office
 Attn: Terry Leppien, Literacy Director 12420 Bentley Street Waterford, CA 95386
 or FAX to school office: 209-874-9531

Student Name _____ Date _____ Sex: M/F
 Grade ____ Age ____ DOB _____ Retained? No/Yes, in grade ____ Student # _____
 Parent Names _____
 Email Address _____
 Home Address _____
 Home Phone _____ Work Phone _____
 Education Specialist of Record _____
 Request completed by: Parent/Guardian ES Other: _____

Learning Concerns

Areas of Concern: Mark an 'x' next to those that apply.

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Mathematics | <input type="checkbox"/> Health issues |
| <input type="checkbox"/> Spelling | <input type="checkbox"/> Memory | <input type="checkbox"/> Social/Emotional issues |
| <input type="checkbox"/> Written Language | <input type="checkbox"/> Organization | <input type="checkbox"/> Other – Explain: |
| <input type="checkbox"/> Listening Skills | <input type="checkbox"/> Study skills | |
| <input type="checkbox"/> Focusing Attention | <input type="checkbox"/> Test taking | |

SPEECH ONLY (complete asterisked (*) sections only)

(For **Speech only** referrals, please only mark the **Language** portion of the checklist)

***Describe learning concerns:**

Universal Screening: Tier I

WRAT4	
Reading	Standard Score:
Spelling/Writing	SS:
Sentence Comprehension	SS:
Math Computation	SS:
Scantron	
Reading	Scaled Score:
Language Arts	Scaled Score:
Math	Scaled Score:

CST/STAR	
ELA - Score/ Proficiency Level*	
Math - Score/ Proficiency Level*	

Other	

*CST/STAR Proficiency Level abbreviations: Adv/Prof/B/BB/FBB

***Other Testing: (including test results from physicians)**

No Yes: Where _____ By Whom _____

What type of testing: _____ Results: _____

*Has there been a **Student Study Team (SST)** meeting from a previous school?

No Yes: Where _____ Date _____

Has there been a **504 Plan** from a previous school?

No Yes: Where _____ Date _____

*Has there been a Special Education Evaluation for an **IEP** (Individualized Education Program)?

No Yes: Where _____ Date _____

Did student qualify for services? No Yes: What type of service _____

Health History

Most current vision screening: **Date** _____ **Result:** _____

*Most current hearing screening: **Date** _____ **Result:** _____

*List medications being taken: _____

History of:

*Colds Yes No

*Allergies Yes No If yes, please list _____

*Other health issues:

*First Language: English Spanish Other: _____

Curriculum and Instruction Information

- Provide the program name **and** publisher of student’s current curriculum(s) in Reading-Language Arts and Math:
- Does the parent have all of the necessary curricular components (i.e., teacher’s guides, practice books, manipulatives, etc.)?
 Yes No, explain: _____
- Is the curriculum being delivered the way the publisher intended or is it altered?
 Yes No, explain: _____
- How much instructional time is spent in subject area(s) of most concern on a regular basis (e.g., four or more times per week and how many minutes per day)?

Subject(s) of concern	Taught regularly <input type="checkbox"/> times per week	Taught regularly for <input type="checkbox"/> minutes per session

