
Student Name:

Date:

For ELL students explain ELL STATUS:

Has Linguistic status changed:

Yes No

Health (*Current or past medical difficulties affecting educational performance*)

Hearing/Vision (*Auditory/Visual problems that would interfere with testing or educational performance. Include dates and results of last hearing/vision test*)

Motor Abilities (*Fine and gross motor coordination difficulties, functional mobility, or strength and endurance issues affecting educational performance*)

Social/Emotional Status/Social Functioning (*Information regarding how the environment affects educational performance (life history, adaptive behavior, independent functioning, personal and social responsibility, cultural background)*)
