

DOCUMENT RESUME

ED 097 787

EC 070 237

AUTHOR LaRoe, Conny
TITLE Success Through Records.
INSTITUTION Ocean View Elementary School District, Huntington Beach, Calif.
PUB DATE [74]
NOTE 60p.
EDRS PRICE MF-\$0.75 HC-\$3.15 PLUS POSTAGE
DESCRIPTORS *Behavior Problems; Behavior Rating Scales; Evaluation; Exceptional Child Education; *Learning Disabilities; *Rating Scales; *Records (Forms); Self Evaluation; *Student Evaluation

ABSTRACT

Collected are 34 forms used by the author in remediating learning and/or behavior problems in elementary grade children. The consistent recording of data helps keep parents, teachers, administrators, and the teacher informed of the child's academic and social development. The forms are organized sequentially beginning with diagnostic tools and ending with year-end evaluations. The following are examples of included forms: "Learning Disability Group Referral Form", "Burks' Behavior Rating Scale", "Remediation Plan", "Student Self Evaluation", "Anecdotal Record", "Parent Evaluation", "Behavior Chart", "Point Card", "Reading Chart", "Spelling Record", "Daily Evaluation", "My Weekly Plan", "Citizen of the Day Award", "Tutor's Log", "Individual Test Results", and "Pupil Summary Evaluation Form." (DB)

ED 097787

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRO-
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN-
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRESENT
OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

SUCCESS THROUGH

R = RECORDING

E = EVALUATING

C = CONTRACTING

O = ORGANIZING

R = REWARDING

D = DIAGNOSING

S = SELF-IMAGE

BY

CONNY LAROE

LEARNING ASSISTANCE

TEACHER

EC 070 237

OCEAN VIEW SCHOOL DISTRICT
7972 WARNER AVENUE
HUNTINGTON BEACH, CALIFORNIA
847-2551

ADMINISTRATION

JAMES CARVELL	SUPERINTENDENT
WOODIS CHADDICK	ASSISTANT SUPERINTENDENT ADMINISTRATION SERVICES
MONTE MCMURRAY	ASSISTANT SUPERINTENDENT EDUCATIONAL SERVICES
KEN MEBERG	ASSISTANT SUPERINTENDENT PERSONNEL SERVICES
JAMES L. JONES, JR.	ASSISTANT SUPERINTENDENT BUSINESS SERVICES

BOARD OF EDUCATION

ROBERT J. ZINNGRABE	MEMBER
RALPH BAUER	MEMBER
MARIANNE BLANK	MEMBER
JEAN E. BOGEN	MEMBER
DARRELL CARTER	MEMBER

FORWARD

During the past eight years I have worked with children who have learning and/or behavior problems. I soon recognized the need to develop materials for recording, contracting, charting, and evaluating student progress.

This booklet contains the more recent forms that I have developed and found to be very helpful. By consistently recording data, I have been able to keep the parents, teachers, administrators, and myself informed of the child's academic and social development. I have put this booklet together in response to the numerous requests for copies of these forms. They have been organized sequentially beginning with the diagnostic tools and ending with year-end evaluations. I hope they may serve as helpful hints to teachers who are in regular or special education.

I would like to give credit to the administrators and fellow teachers for their support and encouragement, and especially to my student teacher who helped me with the organization and typing.

TABLE OF CONTENTS

	<u>Page</u>
Explanation of Forms	iii
LDG Referral Form	1
ELL Learning Assistance Class Data Sheet	2
Burks' Behavior Rating Scale	3
Class Test Results	4
Description of Abbreviations of Tests	5
Remediation Plan	6
Student Self-Evaluation	8
Teacher Rating Scale	11
Parent Evaluation	12
Anecdotal Record	13
Parent Contacts	14
Teacher Conference	15
Behavior Chart	16
Behavior Contract	19
Point Card	20
Let's Make a Deal	21
Reading Conference	23
Reading Chart	24
Spelling Record	26
Spelling Test Scores	27
Daily Evaluation	29
Weekly Evaluation	31
My Weekly Plan	32
End of the Day Evaluations	33
Citizen of the Day Award	34
A Sunshine Note	35
Progress Report	36
LAT Teacher Evaluation	37
Tutor's Log	38
Weekly LAT Schedule	39
Individual Test Results	40
Pupil Summary Evaluation Form	41

EXPLANATION OF FORMS

LDG REFERRAL FORM - When a student is referred to the LDG (Learning Disability Group) Program, the regular classroom teacher should fill out this form to give some background information.

EH LEARNING ASSISTANCE CLASS DATA SHEET - This form is filled out by the LDG teacher at the beginning and end of the school year after the student has been tested. Specific goals and objectives for the year are recorded.

BURKS' BEHAVIOR RATING SCALE - This is printed on the back of the Ocean View's EH Learning Assistance Class Data Sheet.

CLASS TEST RESULTS - This shows the pre- and post-test scores of eight students on the ITPA and Detroit subtests, the Wide Range Achievement Test, Kucera Francis Corpus, Wepman, and Spache tests used to diagnose the students.

DESCRIPTION OF ABBREVIATIONS OF TESTS - An explanation of the abbreviations used on the Class Test Results form.

REMEDIATION PLAN - After a student has been diagnosed, the objectives for the developmental, academic, and affective skills are formulated and the appropriate materials and evaluation methods selected.

STUDENT SELF-EVALUATION, I - This evaluation is usually read to the primary students and they place a check mark in the appropriate box. It is given at the beginning and the end of each school year.

STUDENT SELF-EVALUATION, II and III - These are self-explanatory.

TEACHER RATING SCALE - This scale is filled out at the beginning and end of each school year. The pre-test may be shown in red and the post-test in black to show if any improvement has been made.

PARENT EVALUATION - This is given at the first parent-teacher-child conference and again at the end of the year conference to see if progress has been made in the child's attitude toward school and his academic subjects.

ANECDOTAL RECORD - Whenever something significant happens to a child it is recorded by the type of behavior shown, the cause of the behavior, and the way it was resolved. It is good to have this data at parent-teacher-child conferences.

PARENT CONTACTS - Frequent contacts with parents is necessary to make a good program. This form will show how much interest parents have shown during the year either by letter, phone, or conference.

TEACHER CONFERENCE - Discussions with the regular classroom teacher about a student's progress in the academic and social skills in the regular classroom are recorded.

BEHAVIOR CHART - This form is used to plot on-target and off-target behaviors. The teacher will record the undesirable behavior for approximately a week. This baseline data is then discussed with the student and a reward system is put into effect (treatment). After a student has shown great improvement over a certain period, the reward is withdrawn to see if he continues in the same manner. If the undesirable behavior reappears, the reward system needs to be put into effect

Behavior Chart - Cont'd

again. Two samples of the use of this chart are included.

BEHAVIOR CONTRACT - This contract is made by the student and he is the one who chooses to change a behavior that either bothers others or himself. For every day that he fulfills his contract he puts a star in the appropriate box and a reward may be given for a certain number of stars earned.

POINT CARD - This card shows a positive reinforcement of desired behavior. Every time a child does something well, points are earned. The teacher, tutor, or the student himself may record the points. Rewards may be given for a certain number of points earned.

LET'S MAKE A DEAL - Certain activities earn a certain amount of points, depending upon neatness, attitude, diligence, and accuracy. Bonus points are points given by the teacher whenever desirable behaviors are being stressed, e.g. "You didn't yell once this morning! I think you earned 5 points for controlling yourself." Points are saved and can be turned in for rewards.

READING CONFERENCE - When the teacher or tutor reads with a student, comments related to his reading skills are recorded (e.g., little intonation, doesn't stop at periods, confuses b and d, doesn't know the oy or ow sound). These comments will be helpful to plan individual reading lessons.

READING CHART - This is a visual record of a student's comprehension and word attack skills. A green line is drawn on the 80% line. Whenever a student scores above this line, it is plotted in blue and whenever the score falls below the line, it may be plotted in red.

To help motivate a student, free reading may be given as a reward when both the comprehension and word attack scores are above the 80% line.

SPELLING RECORD - A comprehensive record showing how a student is progressing in his spelling book.

SPELLING TEST SCORES - A graph showing how a student is doing on his spelling test. If a student has to learn 20 words a week, a line is drawn on the 20 line. A green line is drawn on the 80% line, and the correct amount of words on the test is plotted. When the score falls below the 80% line the graph will show up in red and the test has to be taken again until he passes the 80% line. If all words are done correctly, a star is placed on top and a small candy bar is earned.

DAILY EVALUATION, I - This one was made to be used in the regular classroom. The student writes down the things to be done. When an activity is completed a check is put in the done box and the teacher initials it. At the end of the day the teacher and student know what is done and what needs to be completed.

DAILY EVALUATION, II - This form is self-explanatory.

WEEKLY EVALUATION - This is a comprehensive chart showing what and how a student has done. The student may earn 1, 2, or 3 points in each subject for his attitude, diligence, and accuracy. He may evaluate himself first; then the teacher may give

Weekly Evaluation - Cont'd

his impressions of the student's work and after a discussion, the number of earned points can be recorded. The points may be traded in for rewards to help motivate students.

MY WEEKLY PLAN - This shows what work the student has completed at the end of the day. The student himself fills out his plan, evaluates his recess and his day, and marks if he fulfilled his contract (see Behavior Contract).

Every morning is started with a conference for sharing and discussion of the things that need to be done during the day. The children gather around the teacher during this time. Whenever undesirable behavior is shown in the classroom the children are called for a conference and the behavior is then discussed by the students themselves.

END OF THE DAY EVALUATIONS - These were developed for use by the regular classroom teacher. The teacher fills these out for problem students to be taken to the counselor, LDG teacher, or the parents so that the day may be discussed. The LDG teacher may give points for the good evaluations so that rewards may be earned.

CITIZEN OF THE DAY AWARD - At the end of the day the students are called for a conference to choose the citizen of the day. Five points may be earned for this award. The student takes it home where most parents will follow up with a special reward.

A SUNSHINE NOTE - This note is given to a student for doing something nice or outstanding. Either the principal or teacher may write the note.

PROGRESS REPORT - This is a report on the student's academic and social skills. It is difficult to grade a student who has a learning disability and this form can be written out. In the comment blocks suggestions and ideas are written to the parents on how they may help their child improve.

LAT TEACHER EVALUATION - An LDG teacher works with many teachers and frequent communication between the two is important. This evaluation was drawn up in order to adjust the program to the teachers' needs. It is given twice during the school year.

TUTOR'S LOG - Tutors from within the classroom or from other classes are an asset to the educational program. This log is filled out by the tutor to show what he has done. A reward may be given after a certain number of hours have been put in by a tutor in cases where the need arises.

WEEKLY LAT SCHEDULE - This form shows the LDG teacher's activities, meetings, conferences, and testing schedule.

INDIVIDUAL TEST RESULTS - After the pre-and post-tests are given to the students the scores are recorded. A conference with the parents and the student is scheduled to discuss the results.

PUPIL SUMMARY EVALUATION FORM - It is filled out at the end of the year. One copy is sent to the district office and one copy is placed in the confidential file.

LDG REFERRAL FORM

Teacher: _____

Student: _____

Grade Level: _____ Age: _____

Please check areas of weakness:

READING

Consonants _____
 Long Vowels _____
 Short Vowels _____
 Consonant Blends _____
 Digraphs _____
 Work Attack Skills _____
 Sound Blending _____

Comprehension _____
 Main Ideas _____
 Vocabulary _____
 Syllabication _____
 Sight Vocabulary _____
 Spelling _____

MATH

Basic Addition Facts to 20 _____
 Basic Subtraction Facts to 20 _____
 Multiplication Facts _____
 Division Facts _____

Regrouping _____
 Place Value _____
 Telling Time _____
 Reasoning _____

DEVELOPMENTAL SKILLS

Gross Motor Coordination _____
 Fine Motor Coordination _____
 Visual Perceptual Skills _____
 Auditory Memory _____

Auditory Sequencing _____
 Auditory Discrimination _____
 Left-right Orientation _____

BEHAVIORAL CHARACTERISTICS

Hyperactive _____
 Short Attention Span _____
 Easily Distracted _____
 Daydreams _____
 Little Self-Control _____

Needs Much Attention _____
 Destructive _____
 Cries Often _____
 Temper _____
 Following Directions _____

TEST RESULTS

Test Name

Scores:

Child's Name _____ Birthdate _____
 Parent's Name _____ Address _____
 Classroom Teacher _____ LAT _____
 Date given _____ Raw Score _____ Scaled Score _____
 Date entered _____ School _____
 Grade _____ Date _____ Age in years _____ months _____
 Phone _____

VERBAL TESTS:
 Information _____ CA _____
 Comprehension _____ IQ(V) _____
 Arithmetic _____ IQ(P) _____
 Similarities _____ IQ(T) _____
 Vocabulary _____
 (Digit Span) _____
 Sum of Verbal Tests _____

PERFORMANCE TESTS
 Picture Completion _____
 Picture Arrangement _____
 Block Design _____
 Object Assembly _____
 Coding _____
 (Mazes) _____
 Sum of Performance Tests _____

OTHER TESTS
 Date _____ CA _____
 Date _____ CA _____
 Date _____ CA _____

SPACHE DIAGNOSTIC READING Pre DATE Post
 Word recognition _____ list _____
 Instructional (oral) _____
 Comprehension (silent) _____
 Potential (listening) _____

PHONICS TESTS: DATE
 Consonant Sounds _____
 Vowel Sounds _____
 Consonant Blends _____
 Common Syllables _____
 Blending _____
 Letter Sounds _____

WEPMAN Pre Date _____ Form _____ Score _____
 Post Date _____ Form _____ Score _____
 KUCERA FRANCIS CORPUS Pre Date _____ Score _____
 Post Date _____ Score _____
 RANSON LANG Pre Date _____ Score _____
 Post Date _____ Score _____

I.T.P.A. Pre CA Post CA
 Auditory Sequential Memory _____
 Auditory Closure _____
 Blending _____
 Auditory Association _____
 Area of Lang. Learning System Recommended _____

Detroit -Pre CA Post CA
 Sub-Tests
 1. _____
 2. _____
 3. _____

SPECIFIC GOALS & OBJECTIVES FOR YEAR

MEDICAL & PHYSICAL TRAITS:
 Date _____ Date _____
 CA _____ CA _____
 Reading Expectancy _____
 Actual Reading _____
 Difference _____

Impressions of Attitudes and Behavior: (See record on back)

- (1) You have not noticed this behavior at all.
- (2) You have noticed the behavior to a slight degree.
- (3) You have noticed the behavior to a considerable degree.
- (4) You have noticed the behavior to a large degree.
- (5) You have noticed the behavior to a very large degree.

Vegetative-Autonomic

- 1. Hyperactive and restless _____
- 2. Erratic, flighty, or scattered behavior _____
- 3. Easily distracted, lacks continuity or effort _____
- 4. Behavior goes in cycles _____
- 5. Quality of work may vary from day to day _____
- 6. Daydreaming, alternating with hyperactivity _____
- 7. Explosive and unpredictable behavior _____
- 8. Cannot seem to control self (will speak out or jump out of seat) _____
- 9. Poor coordination in large muscle activities (games, etc.) _____

Perceptual-Discriminative

- 10. Confusion in spelling and writing _____
- 11. Inclined to become confused in number processes; gives illogical responses _____
- 12. Reading is poor _____
- 13. Lacks a variety of responses; repeats himself in many situations _____
- 14. Upset by changes in routine _____
- 15. Confused and apprehensive about rightness of response; indecisive _____
- 16. Confused in following directions _____
- 17. Classroom comments are often "off the track" or peculiar. _____
- 18. Difficulty reasoning things out logically with others _____

Social-Emotional

- 19. Demands much attention _____
- 20. Tends to be destructive especially of the work of others _____
- 21. Evidences of stubborn uncooperative behavior _____
- 22. Withdraws quickly from group activities, prefers to work by self _____
- 23. Constant difficulty with other children and/or adults (apparently purposeless) _____
- 24. Shallow feeling for others _____
- 25. Cries often and easily _____
- 26. More confused by punishment _____
- 27. Seems generally unhappy _____
- 28. Tells bizarre stories _____

STRENGTHS PROBLEMS METHOD USED

PARENT PARTICIPATION, NOTES

DESCRIPTION OF ABBREVIATIONS OF TESTS

ITPA - Illinois Test of Psycholinguistic Abilities

- VA - Visual Association
- AA - Auditory Association
- AR - Auditory Reception
- AC - Auditory Closure
- SB - Sound Blending
- SM - Sequential Memory

Detroit Tests of Learning Aptitude

- O - Orientation
- RS - Auditory Attention Span for Related Syllables

WRAT - Wide Range Achievement Test

- Sp - Spelling
- M - Math
- R - Reading

KFC - Kucera Francis Corpus

Most frequently used 220 words.

W - Wepman Auditory Discrimination Test

Spache Diagnostic Reading Scales

- WR - Word Recognition
- IL Oral - Instructional Reading Level (oral)
- CL Oral - Comprehension Reading Level (oral)
- IL Sil. - Independent Reading Level (silent)
- RP Comp - Reading Potential (Auditory Comprehension)
 - CS - Consonant Sounds
 - VS - Vowel Sounds
 - CBL - Consonant Blends
- Com Syl - Common Syllables
 - BL - Blending
 - LS - Letter Sounds

DEVELOPMENTAL SKILLS	EDUCATIONAL OBJECTIVES	PRIORITY OBJECTIVES	MATERIALS-METHODS	EVALUATION
ACADEMIC SKILLS	<ol style="list-style-type: none"> 1. Auditory Reception ITPA 5-0 2. Auditory Association ITPA 4-11 3. Auditory Sequential Memory ITPA 7-7 4. Auditory Closure ITPA 5-3 5. Sound Blending ITPA 7-7 6. Motor Coordination Gross Motor 	<p>Reasoning & Communication</p> <p>Reasoning Problems</p> <p>Oral & Written Expression</p>	<ol style="list-style-type: none"> 1. "Aids to Psycholinguistics" Exercises in Chapter 1. 2. Use Chapter 3 exercises and games. 3. Use games and exercises recommended in Chapter 8. 4. Use games and exercises prescribed in Chapter 4. 5. Use sound blending exercises. Use CCA and LEPA for 1 thru 5. 6. Catching, throwing, balancing, running, hopping, playing, participation in games. 	<ol style="list-style-type: none"> 1. Show improvement on ITPA in May. 2. Show improvement on ITPA in May. 3. Show improvement on ITPA in May. 4. Show improvement on ITPA in May. 5. Show improvement on ITPA in May.
AFFECTIVE SKILLS	<ol style="list-style-type: none"> 1. Appropriate Behavior 	<p>Not falling on the ground. Doing challenging work. Not making noises all day. Not complaining about papers on the floor. Not perseverating in the drawing of freeway and traffic signs and games in which score boards are used.</p>	<p>Use a reward system to establish appropriate behavior.</p>	<p>1. Improve in comprehension and vocabulary skills by using charts and Spache.</p> <p>2. Show improvement on the WRAT and OV SD tests.</p> <p>3. Show improvement from first papers.</p> <p>4. Show improvement in written work and WRAT.</p> <p>5. Show improvement in reasoning in written work.</p> <p>A decrease in inappropriate behavior through the use of charts.</p>

Name _____

Age _____

Teacher _____

Date _____

DEVELOPMENTAL SKILLS	EDUCATIONAL OBJECTIVES	PRIORITY OBJECTIVES	MATERIALS-METHODS	EVALUATION
ACADEMIC SKILLS				
AFFECTIVE SKILLS				

STUDENT SELF-EVALUATION

Name _____

Date _____

Grade _____



I like other kids.

I have a special friend.

I like to listen to what other kids say.

I think every person is important.

I feel I do good work in school.

I like to come to school.

I like to help plan what our class does.

I finish what I choose to do.

I feel someone loves me.

I like to share what I have learned.

I am happy in school.

I like to do what I am supposed to do.

I like to help other people.

I follow directions at school.

I like to do homework.

I like sports.

I like reading.

STUDENT SELF-EVALUATION

Student Name _____ Teacher _____

Age _____ Level _____

TO THE STUDENT: This survey offers you an opportunity to express your opinions about your school work and the activities that you are involved in during school time.

DIRECTIONS: Please place a check in the square under each different school subject and across from one of the "How You Feel" statements:

HOW I FEEL	Reading	Math	Language	Social Studies	Science Health	PE	Art	Music
It is lots of fun and I like it.								
I think it is good.								
It is alright sometimes.								
I can't stand it.								
It is one of the worst things we do at school.								

DIRECTIONS: Please answer each question below in the space provided.

Right now I need help in:

I'm having problems with:

In my class I wish we could:

PRIMARY STUDENT SELF-EVALUATION REPORT

KNOWLEDGE, SKILLS, AND APPRECIATIONS

OF _____

DATE _____

We, as parents and teachers, wish for our children to be more responsible and accountable for their own growth. This report form gives your child an opportunity to evaluate, along with us, how well he is doing and where he needs to improve.

STUDY HABITS AND ATTITUDES:

YES NO SOMETIMES

- I try to do my best work.
- I bother others when I work.
- I am a good listener.
- I follow directions.
- I finish what I start.
- I can work without talking.
- I walk and talk quietly in the room.
- I use things carefully.
- I put my things away neatly after I use them.
- I share what I use.
- I try new things.

YES NO SOMETIMES

- I tell the class about things that happen to me.
- Reading is fun.
- I am a good reader.
- I like to write stories.
- I write neatly.
- I try to spell words correctly.
- I enjoy art.
- I enjoy music.
- I like physical education (PE).
- I am a good sport.
- I like to do mathematics.
- In math I am learning about _____

Comments:

PARENT CONTACTS

Student _____

Teacher _____

DATE	TYPE	SUBJECT	EVALUATION

TEACHER CONFERENCE

Teacher: _____

Student: _____

DATE	SUBJECT	COMMENTS

BEHAVIOR CHART

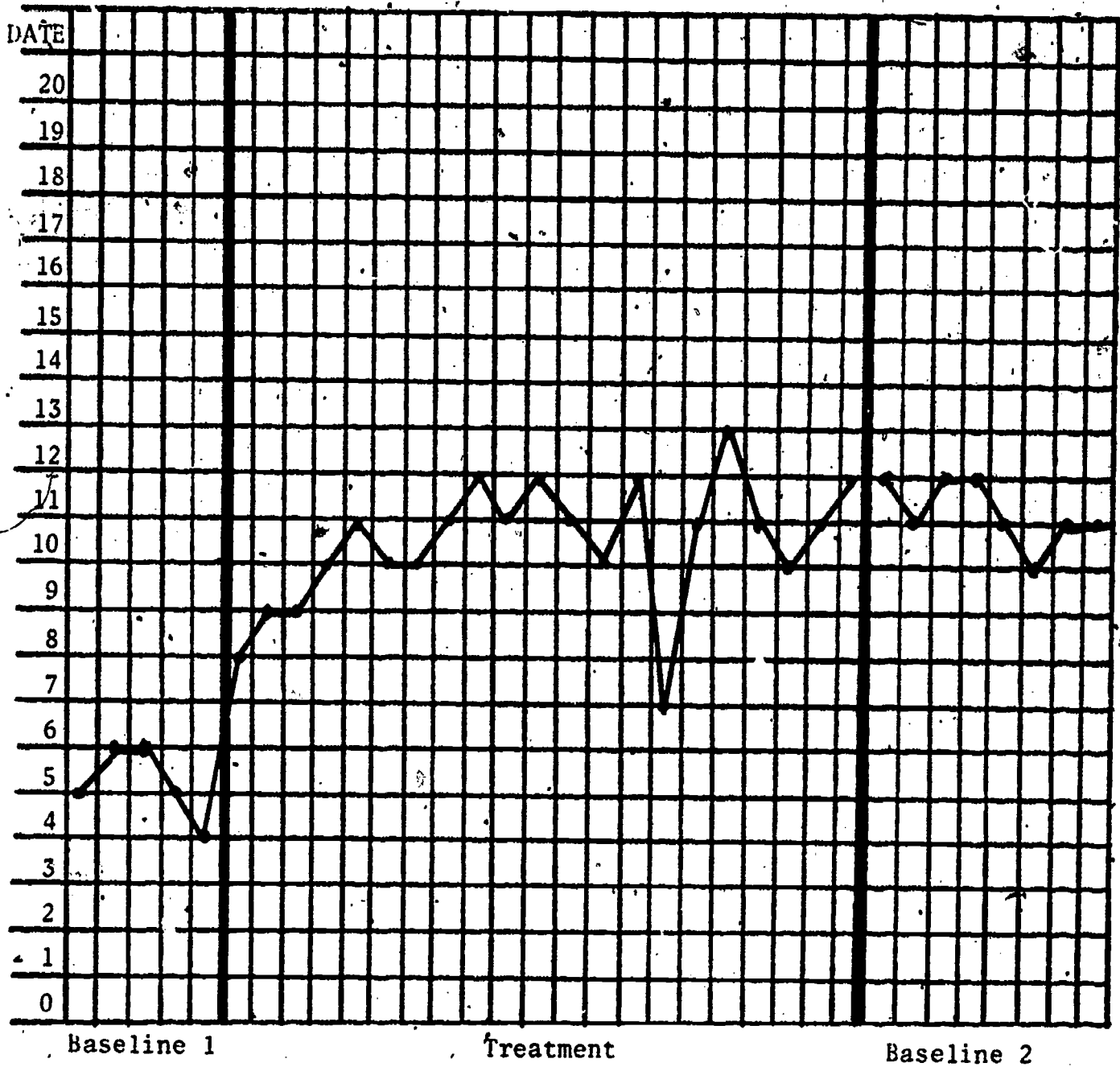
Name: Jim Jones

Teacher: C. LaRoe

Beginning Date: Oct. 10, 73

Ending Date: _____

Target Behavior: Increase number of math problems in 20 minutes



BEHAVIOR CHART

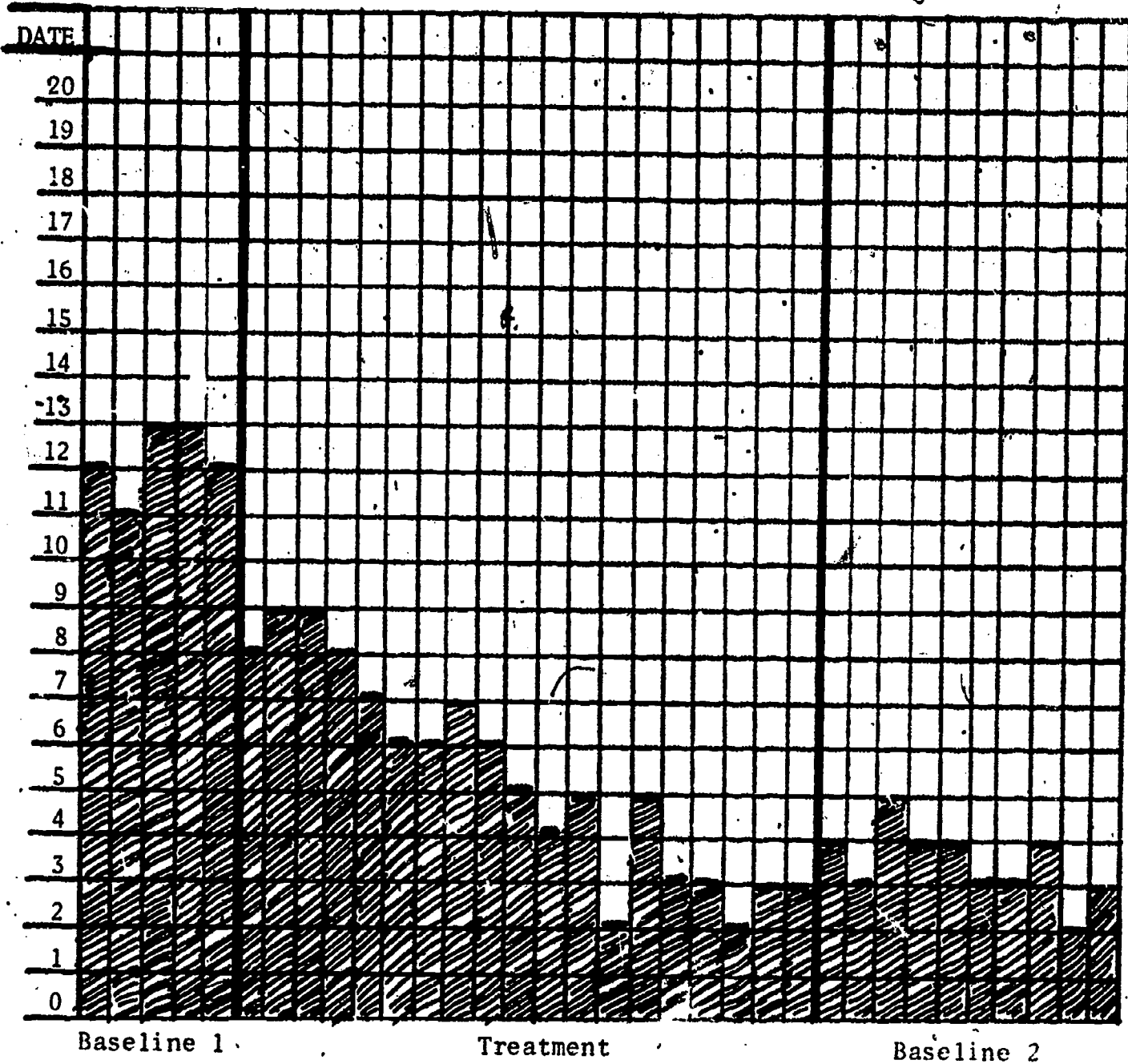
Name: David Smith

Teacher: C. LaRoe

Beginning Date: Oct. 1, 1972

Ending Date: Nov. 18, 1973

Off-Target Behavior Purposeless wandering
around the room



BEHAVIOR CONTRACT

I, _____ like to improve by

1. _____
2. _____
3. _____

DATE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Teacher _____

Student's Signature _____

POINT CARD

Name _____ Room _____

Teacher _____ Date _____

LET'S MAKE A DEAL

<u>Points*</u>	<u>Activities</u>
2	Starting your work
4	Math
5	Reading
4	Language
3	Spelling
3	Writing
5	Fulfilling your contract
5	Good afternoon evaluation from regular class
5	Citizen of the Day Award
	Bonus points

*Possible points for daily tasks.

LET'S MAKE A DEAL

Points*

Rewards

25	Candy Bar 15 minutes free time Pencil Clean animal cages
50	Larger candy bar 30 minutes free time Tutoring
100	Large candy bar 1 hour free time Lunch with teacher Plant Fish
200	Toy (choice to be discussed with teacher) 1 free morning
300	Toy (choice to be discussed with teacher) 1 free day
500	Trip to Knott's Berry Farm
20	Good evaluations from the regular class will be worth one free lunch with the teacher.
24	Stars earned on your contract will be worth one free lunch with teacher either at her home or hamburger stand.

*Cumulative points.

READING CONFERENCE

STUDENT:

GRADE:

TE	COMMENTS	DATE	COMMENTS

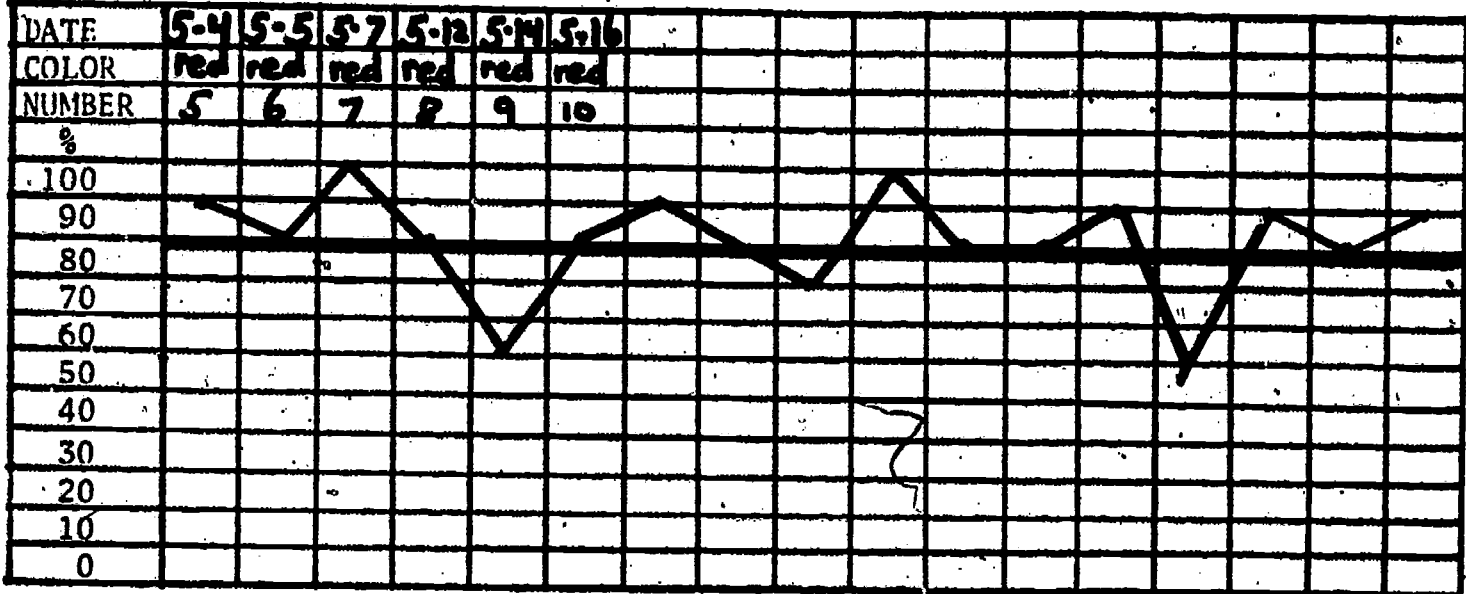
Name Susan Smith

READING CHART

Teacher C. LaRoe

SRA

COMPREHENSION



WORD ATTACK



Name _____

READING CHART

Teacher _____

COMPREHENSION

DATE																					
COLOR																					
NUMBER																					
%																					
100																					
90																					
80																					
70																					
60																					
50																					
40																					
30																					
20																					
10																					
0																					

WORD ATTACK

DATE																					
COLOR																					
NUMBER																					
%																					
100																					
95																					
90																					
85																					
80																					
75																					
70																					
65																					
60																					
55																					
50																					
45																					
40																					
35																					
30																					
25																					
20																					
15																					
10																					
5																					
0																					

SPELLING RECORD

Name	Unit	Completed	Score	Comments

Student Steven Wood

Book 4

80%

Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
25																																						
24																																						
23																																						
22																																						
21																																						
20																																						
19																																						
18																																						
17																																						
16																																						
15																																						
14																																						
13																																						
12																																						
11																																						
10																																						
9																																						
8																																						
7																																						
6																																						
5																																						
4																																						
3																																						
2																																						
1																																						

No. Words Correct

SPELLING TEST SCORES

Book

Student

Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36			
25																																							
24																																							
23																																							
22																																							
21																																							
20																																							
19																																							
18																																							
17																																							
16																																							
15																																							
14																																							
13																																							
12																																							
11																																							
10																																							
9																																							
8																																							
7																																							
6																																							
5																																							
4																																							
3																																							
2																																							
1																																							



DAILY EVALUATION

NAME:

DATE:

Time:

Things to be done:

- 1.
- 2.
- 3.
- 4.

Done	Initial



Comments:

Recess was: Good _____ Fair _____ Poor _____

Time:

Things to be done:

- 1.
- 2.
- 3.
- 4.

Done	Initial



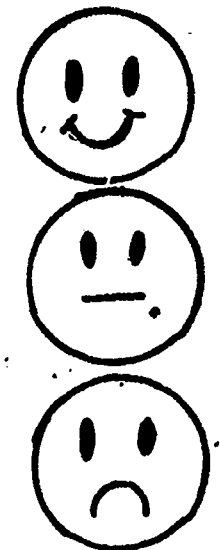
Comments:

Time:

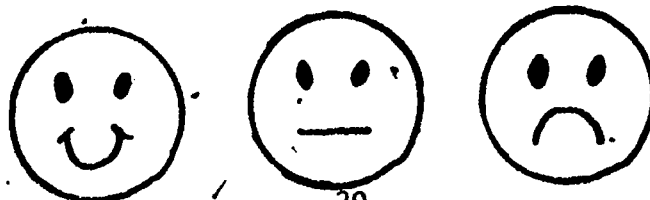
Things to be done:

- 1.
- 2.
- 3.
- 4.

Done	Initial



Overall day evaluation:



DAILY EVALUATION

Date _____

Name _____

Things I did well today _____

Things I did that bothered others _____

I could improve by _____

I tried my best today. Yes _____ Sometimes _____ No _____

I finished my work. Yes _____ Sometimes _____ No _____

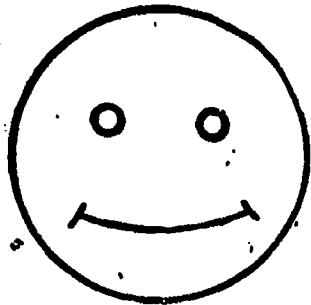
I did something nice. Yes _____ No _____

I got into a fight. Yes _____ No _____

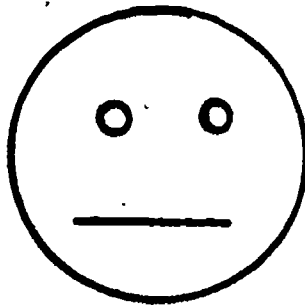
I fulfilled my contract today. Yes _____ No _____

I was happy today. Yes _____ No _____

My overall day was:



GOOD _____



FAIR _____



POOR _____

WEEKLY EVALUATION

Teacher _____

Name _____

Date _____

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

READING

Attitude																			
Diligence																			
Accuracy																			

SPELLING

Attitude																			
Diligence																			
Accuracy																			

MATH

Attitude																			
Diligence																			
Accuracy																			

LANGUAGE

Attitude																			
Diligence																			
Accuracy																			

WRITING

Attitude																			
Diligence																			
Accuracy																			

Attitude																			
Diligence																			
Accuracy																			

POINTS 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3



Name _____

Date	Conference	Reading	Math	Language	Recess	Spelling	Writing	Other	Evaluation	Contract
MONDAY					😊 😐 😞				😊 😐 😞	YES ___ NO ___
TUESDAY					😊 😐 😞				😊 😐 😞	YES ___ NO ___
WEDNESDAY					😊 😐 😞				😊 😐 😞	YES ___ NO ___
THURSDAY					😊 😐 😞				😊 😐 😞	YES ___ NO ___
FRIDAY					😊 😐 😞				😊 😐 😞	YES ___ NO ___

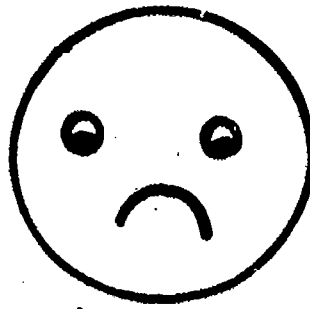
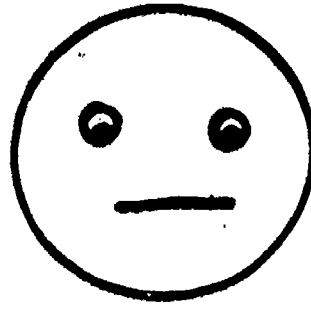
END OF THE DAY EVALUATIONS

Name: _____

Date: _____

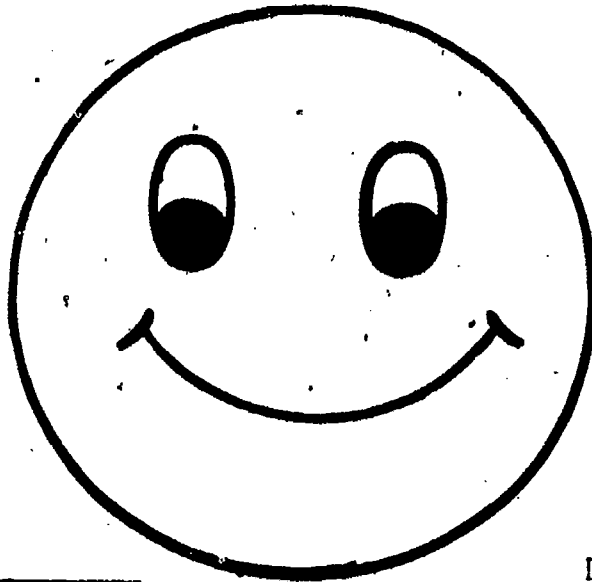
Teacher: _____

COMMENTS: _____



Do you agree? Yes ___ No ___

G
O
O
D
W
O
R
K
E
R



Student: _____

Date: _____

Teacher: _____

Name: _____

Teacher: _____

Date: _____

_____ Reading

_____ Social Studies

_____ Math

_____ Science

_____ English

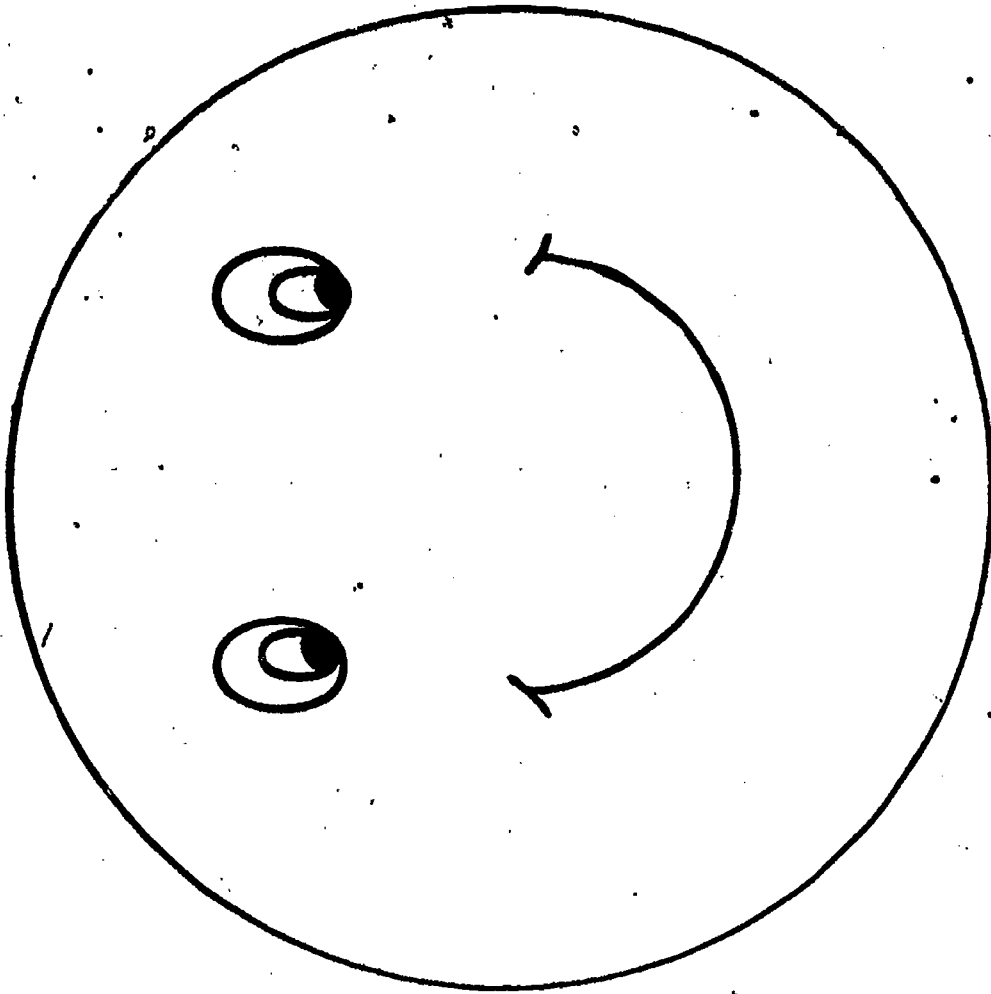
_____ Spelling

COMMENTS: _____



I, _____, WAS THE CITIZEN OF THE DAY!

WOW!!!



W O W

S U P E R

TEACHER _____

DATE _____

COLLEGE VIEW SCHOOL



SUNSHINE NOTE!

OCEAN VIEW SCHOOL DISTRICT • HUNTINGTON BEACH, CALIFORNIA

PROGRESS REPORT

Date _____

Student _____

Teacher _____

CONCEPT AND SKILL MASTERY

READING:	COMMENTS:
MATH:	COMMENTS:
LANGUAGE:	COMMENTS:
SPELLING: WRITING:	COMMENTS:

CITIZENSHIP	SHOWS PROGRESS	NEEDS IMPROVEMENT
Assumes independent study responsibilities		
Uses time wisely		
Shows concern for others and his school		
Practices self control		
Cooperates and participates happily and willingly		
Able to realistically evaluate self		

Our child is generally achieving according to his/her ability. _____

LAT TEACHER EVALUATION

Name _____ Grade Level _____ Date _____

Please answer the questions below so that I may adjust my program to accomplish your needs.

1. I agree with your daily schedule. Yes _____ No _____
2. If the answer is no, what would you like to see instead?

3. Have I been helpful to you? Yes _____ No _____
4. In which areas did I help you most?

5. Have you seen improvements in the children since I have worked with them?
Yes _____ No _____
6. If yes, in which area did you see the improvement? Behavior _____ Academics _____
7. In which areas would you like more help from me?

8. Do you understand what types of children I work with? Yes _____ No _____
9. Would you like to observe the program? Yes _____ No _____
10. Would you like to have an in-service on children with behavior and/or neurological problems so you may be able to help them in your classroom? Yes _____ No _____
11. Is there enough communication between us? Yes _____ No _____
12. Would you like me to attend your team meetings? Yes _____ No _____
13. Do I follow up on your requests? Yes _____ No _____
14. If not, what did I not do for you?

15. Do you feel you received constructive support with regard to your problem students? Yes _____ No _____

I appreciate your time and effort to fill out this evaluation and I hope I may be able to help you in any way I can.

WEEKLY LAT SCHEDULE

Week _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
A.M.					
P.M.					
MEETINGS					
CONFERENCES					
TESTING					
CHILDREN ABSENT					



INDIVIDUAL TEST RESULTS

Name _____
 Age _____ Grade _____
 Teacher _____

Pre-test Date _____
 Post-test Date _____
 Tested by _____

NAME OF TEST	PRE-TEST	POST-TEST	IMPROVEMENT SHOWN
<u>ITPA</u>			
Subtests:			
1. Visual Association			
2. Auditory Association			
3. Auditory Reception			
4. Auditory Closure			
5. Sound Blending			
6. Sequential Memory			
<u>Detroit Test</u>			
Subtests:			
1. Orientation			
2. Auditory Attention Span for Related Syllables			
<u>Wide Range Achievement Test</u>			
1. Spelling			
2. Math			
3. Reading			
<u>Kucera Francis Corpus</u>			
220 most common words			
<u>Wepman Test</u>			
Auditory Discrimination			
<u>Spache Diagnostic Reading Scales</u>			
1. Word Recognition			
2. Instructional Reading Level (Oral)			
3. Comprehension Reading Level (Oral)			
4. Independent Reading Level (Silent)			
5. Reading Potential (Auditory Comprehension)			
6. Consonant Sounds			
7. Vowel Sounds			
8. Consonant Blends			
9. Common Syllables			
10. Blending			
11. Letter Sounds			

OCEAN VIEW SCHOOL DISTRICT
PUPIL SUMMARY EVALUATION FORM
LEARNING ASSISTANCE CLASS

Name _____ Date of Birth _____ School _____

PROGRAM ENTRY ASSESSMENTS
Reading

Test Name _____ Score _____

(Comments on testing conditions)

YEAR-END ASSESSMENTS
Reading

Test Name _____ Score _____

(Comments on testing conditions)

Concise Statement(s) of evaluation in relation to specific educational and/or psycho-social goals set for pupil in previous evaluations:

Specific recommendations for the following school year. (Recommendations shall be stated in educational and/or psycho-social goal/objective type statements).

Retain in LAC _____

Discharge _____

Teacher _____

Principal _____

Psychologist _____

Director, P.P.S. _____

Nurse _____

Other _____