

BRUSH COUNTRY CO-OP

SPEECH STUDENT DATA PROFILE

Teachers: This is your input into the annual ARD for the student listed below. Please return by the date shown so your recommendations will receive ARD consideration.

Teacher: _____ Subject: _____ Date: _____
 Return form to: _____ by: _____
 Student Name: _____ Grade: _____ Current Grade Average: _____

Student's Current Level of Performance

*(Please fill in all areas applicable to your content area)

Include Fluency rate and level

<i>Academic Area</i>	<i>List specific Academic Strengths</i>	<i>List specific Academic Weaknesses</i>
Reading (include Intervention(s) used)		
Math (include intervention(s) used)		
Written Language (include intervention(s) used)		
Science/Social Studies (include intervention(s) used)		
Behavior		
Speech/Language (list sound errors noticed)		
Other		

<i>Please check if applicable:</i>	<i>Always</i>	<i>Mostly</i>	<i>Sometimes</i>	<i>Rarely</i>
Remains on task				
Comprehends				
Speech is understandable				
Uses appropriate expressive language				
Understands language				
Participates in class discussion				
Volunteers to answer in class				

<i>STAAR Subject Assessed:</i>	<i>Previous Score(s)/Date(s)</i>	<i>Benchmark Score(s)/Date(s)</i>
Reading/ELA		
Math		
Science		
Social Studies		

Suggested Modification Codes

Subject: _____

Highlight or circle the **proposed** modifications/accommodations for the student **routinely used** in your class. Remember, the ARD committee makes the final determination of student modifications.

Classroom Accommodations:

Repeated review
Preferential seating
Concrete reinforcers
Positive reinforcers
Oral directives
Special instructional/adaptive equipment
Change in project/report requirements
Check for understanding
Other: Speech modeling
Other: Adjustments for articulation
Other: Extra time for oral response
Other methods of response
Spelling assistance

Other concerns regarding this student:
