

SAN FRANCISCO UNIFIED SCHOOL DISTRICT
Expanded Learning Programs
Student Intake Form

Person completing form: _____ Relationship to student:: _____ Date: _____

Student name: _____ HO # _____ DOB _____ Grade _____ Sex _____

Name of Primary Caregiver _____ Relationship to Student _____ Phone: _____

Student Ethnicity _____ Home Language _____ Student's Primary Language _____

STUDENT PROFILE: SAT 9 Scores (Previous 2 years) CURRENT SERVICES

<i>Yr.</i>	<i>Read</i>	<i>Lang</i>	<i>Math</i>	<i>GATE</i> ___	<i>RSP</i> ___	<i>SDC</i> ___	<i>ELD</i> ___	<i>ESL</i> ___	<i>OTHER</i> _____
_____	_____	_____	_____						
_____	_____	_____	_____	Grade services began: _____					

AFTER SCHOOL ASSESSMENTS GIVEN:

<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 30%; text-align: center;">(READING 1)</td> <td style="width: 15%; text-align: center;"><u>Date Given</u></td> <td style="width: 15%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>Pre-Test Scores:</td> <td>_____</td> <td>_____</td> <td></td> <td>Pre-Test Scores:</td> </tr> <tr> <td>Post-Test Scores:</td> <td>_____</td> <td>_____</td> <td></td> <td>Post-Test Scores:</td> </tr> </table>		(READING 1)	<u>Date Given</u>			Pre-Test Scores:	_____	_____		Pre-Test Scores:	Post-Test Scores:	_____	_____		Post-Test Scores:	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 30%; text-align: center;">(READING 2)</td> <td style="width: 15%; text-align: center;"><u>Date Given</u></td> <td style="width: 15%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>Pre-Test Scores:</td> <td>_____</td> <td>_____</td> <td></td> <td>Pre-Test Scores:</td> </tr> <tr> <td>Post-Test Scores:</td> <td>_____</td> <td>_____</td> <td></td> <td>Post-Test Scores:</td> </tr> </table>		(READING 2)	<u>Date Given</u>			Pre-Test Scores:	_____	_____		Pre-Test Scores:	Post-Test Scores:	_____	_____		Post-Test Scores:
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Pre-Test Scores:	_____	_____		Pre-Test Scores:																											
Post-Test Scores:	_____	_____		Post-Test Scores:																											

Grades Repeated _____ Date of last Vision Screening _____ Passed? Y N Date of last Hearing Screening _____ Passed? Y N

REASON ADDITIONAL SUPPORT REQUESTED: (as specific as possible, e.g. does not participate voluntarily during class, while reading aloud often reads wrong words)

What is your primary, realistic goal for this student for this year? (i.e. phonemic awareness, decoding & spelling, writing complete sentences, etc...)

What is student's primary goal for this year?

What are student's personal interests? (i.e. computers, art/drawing, sports, cooking, etc...)

Intensive Literacy Plan for: _____
 (student)

School Year _____

Date Implemented _____

Area of need: _____ Implementer _____

Current Baseline:	Reporting Code*	Describe Student Progress:
Annual Goal: By _____,		
Short-Term Objective: By _____,		
Short-Term Objective: By _____,		
Short-Term Objective: By _____,		

* Reporting Code: I= Introduced Objective, P= Making Progress Toward Objective, M= Met Objective, N= No Progress Observed

Area of need: _____ Implementer _____

Current Baseline:	Reporting Code*	Describe Student Progress:
Annual Goal: By _____,		
Short-Term Objective: By _____,		
Short-Term Objective: By _____,		
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