

Please review the cum folder for \_\_\_\_\_ for  
the \_\_\_\_\_ SAP meeting.  
Student HO #  
date

Please attach copy of attendance / tardy record for the most recent last month.

Galileo Academy of Science and Technology  
Student Assistance Program / Student Success Team  
Cum Review

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: H \_\_\_\_\_

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**SFUSD School Board Requirements:**

Immunizations: Last date: Td \_\_\_\_\_ Polio \_\_\_\_\_ Hep B \_\_\_\_\_ MMR \_\_\_\_\_  
TB Screening: Last date: \_\_\_\_\_ Result \_\_\_\_\_  
Physical Exam: Last date: \_\_\_\_\_  
Health Screenings Most Recent Pass/Fail: Comments:  
Hearing: Date: \_\_\_\_\_  
Vision: \_\_\_\_\_

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**Registration Materials**

Place of birth (if identified)  
Home Language:  
Bilingual Education:

What was the date of entry, if born outside the U.S.?

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**Behavioral Reports, Suspensions, Staffing, SARB**

| Date: | Incident |
|-------|----------|
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |
| _____ | _____    |

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| Grade              | Point Average |        | STAR 9 |         |
|--------------------|---------------|--------|--------|---------|
|                    | Fall          | Spring | Math   | Reading |
| 8 <sup>th</sup> :  | _____         | _____  | _____  | _____   |
| 9 <sup>th</sup> :  | _____         | _____  | _____  | _____   |
| 10 <sup>th</sup> : | _____         | _____  | _____  | _____   |
| 11 <sup>th</sup> : | _____         | _____  | _____  | _____   |
| 12 <sup>th</sup> : | _____         | _____  | _____  | _____   |

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Any Other Significant Info (e.g. home situation, sudden change in behavior or grades):

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Date: \_\_\_\_\_

Completed by: \_\_\_\_\_