**STUDENT ARTICULATION FORM**

**I. Demographics:**

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| --- | --- |
| Student Name: |  |
| Student ID: |  |
| Date of Birth: |  |
| Student’s Current Address: |  |
| Sending Teacher(s): |  |
| Current School Attending: |  |
| Zoned School: |  |

**II**. **Health:**  If there are health care needs, medications and/or procedures needed, attach the School Nurse Input form.

**III**. **Behavior:**  If there are significant social-emotional needs and/or behavior concerns that are not sufficiently described in the T/IEP, attach Core Team report and/or Functional Behavioral Assessment/Behavior Improvement Plan (FBA/BIP). If needed, use the following section to describe levels of support not captured in T/IEP or BIP.

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| --- | --- |
|  | Targeted Behavior(s): |
| Intervention(s): |
| Time & Frequency of Intervention(s): |
| Person Providing Intervention(s)/and Title: |

|  |  |
| --- | --- |
|  | Targeted Behavior(s): |
| Intervention(s): |
| Time & Frequency of Intervention(s): |
| Person Providing Intervention(s)/and Title: |

**IV. Independent Academic Functioning**: If there are concerns with organization/study skills, completion of classwork, completion of homework, attention and/or on task behavior not sufficiently described in T/IEP or behavior plans, provide a description of the concern and any accommodations that have been provided and have been successful:

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**V. Academics**: Please attach the following:

* Pasco Star report (for pre-k programs, include most recent Galileo report and BDI-2)
* Copy of the student’s most recent T/IEP
* Description of support provided to student. If the supports are not sufficiently described in T/IEP, SBIT Board or behavior plan, use the following section to provide information concerning academic supports provided.

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| --- | --- |
|  | Area/Domain(s): |
| Intervention(s): |
| Time & Frequency of Intervention(s): |
| Person Providing Intervention(s)/and Title: |
| Group Size: |

|  |  |
| --- | --- |
|  | Area/Domain(s): |
| Intervention(s): |
| Time & Frequency of Intervention(s): |
| Person Providing Intervention(s)/and Title: |
| Group Size: |

**Additional Information:** Describe any other interventions tried and not successful: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(Rev. 2/26/13)

Additional Notes:

(Rev. 2/26/13)