

## Student Intervention Profile

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

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

### Student Information:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_ MLL Student: Yes or N  
 Classroom Observation completed: \_\_\_\_\_ Both Sheltered Instruction Observation completed: \_\_\_\_\_

### Medical Information:

Vision Screening: Date \_\_\_\_\_ Passed: Yes or No Referred: Yes or No Glasses: Yes or No  
 Hearing Screening: Date \_\_\_\_\_ Passed: Yes or No Referred: Yes or No H. Aides: Yes or No  
 Medical documentation of a medical condition/medications: Yes or No If yes, please attach.  
 Outside psychological report provided: Yes or No If yes, please attach.

### Attendance Information:

Current year's attendance: \_\_\_\_\_% Is the student a transfer student or did they begin this year late: Yes or No  
 Last year's attendance: \_\_\_\_\_% Was the student registered for the entire school year: Yes or No  
 Year before last year's attendance: \_\_\_\_\_% Was the student registered for the entire school year: Yes or No

### MLL Information (Completed by the ALS Coordinator)

How long has the student been in the United States: \_\_\_\_\_  
 How many years has the student attended school in the United States: \_\_\_\_\_  
 Did the student attend school in another country (not US Military bases)? If so, how long: \_\_\_\_\_  
 List the languages spoken in the home: \_\_\_\_\_  
 Is the student a refugee or SLIFE? If so, describe: \_\_\_\_\_  
 Is the student in the DLI program: Yes or No If yes, describe child's performance in the DLI program: \_\_\_\_\_

Language Proficiency Level/Summary: Entering/1 Beginning/2 Developing/3 Expanding/4

Previous WIDA Proficiency Scores: (Year/Score) \_\_\_\_\_

Current WIDA Scores: Listening: \_\_\_\_\_ Speaking: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_ Overall: \_\_\_\_\_

Academic Performance Comparison between Peers w/ Similar Cultural/Linguistic Backgrounds:

	Years in Country	Years in English Language School	Proficiency Level	CIA Comparison	Acadience Comparison	Other Comparisons
Target Student						
Comparison 1						
Comparison 2						
Whole Class Avg						

If there are not enough MLL students for comparison within your school, please complete the [request](#) for district comparison data.

**(Completed by the ELD/MLL Teacher)**

Is the student receiving ELD services: Yes or No If yes, describe services provided (weekly time/programs/etc):

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Student progress in:

Listening: \_\_\_\_\_

Speaking: \_\_\_\_\_

Reading: \_\_\_\_\_

Writing: \_\_\_\_\_

Potential Transfer Concerns: \_\_\_\_\_

**Previous Special Education Information:**

Has the child ever been serviced or are they currently being serviced in special education: Yes or No

If yes, please describe: \_\_\_\_\_

Has the child ever been assessed for special education, but did not meet eligibility requirements: Yes or No

If yes, please describe: \_\_\_\_\_

Does the child currently or previously have/had a 504 plan: Yes or No

If yes, please describe: \_\_\_\_\_

**Area(s) of Concern:**

List the area(s) of concern and describe the targeted intervention provided:

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Please attach intervention data including dates data was taken, aimline, progress, etc.

**Historical Academic/Behavioral Performance:**

Is there a history of failure/struggle in the area(s) of concern: Yes or No

If yes, please describe and attach documentation:

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Signatures of participating ChAT members (Signature denotes review of all student information listed on this form and educational history form, participation in the review and design of intervention data and decision making)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Administrator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (ALS Coordinator)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (ELD/MLL Teacher)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Reg Ed Teacher)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (School Psychology Department Representative)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (District CLD Specialist)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title