

READINESS TO LEARN - ACADEMIC STATUS FORM

Child's Name: _____ Child's ID#: _____

INSTRUCTIONS:

FOR INITIAL RATING: Please report enrollment, absence, and suspension data based on the most recently completed school term **prior** to the child's referral date. If the child was referred **prior to completion of the first term in the current year**, please use the last completed term of the previous academic year for your collection period.

FOR FOLLOW-UP RATING: Please report enrollment, absence, and suspension data based on the **LAST TERM** of the current academic year.

Initial Reporting Period

Reporting Period Type (Semester, Trimester or Other):

Semester 08-09 Fall **OR** **Trimester** 08-09 Fall
 09-10 Spring 09-10 Winter
 Spring

OR

Other 08-09 If other, please enter **Report Period End Date** _____
 09-10

AND
Number of Days in Report Period _____

For all Students:

Number of Days Absent: _____ Was child enrolled for the entire reporting period
Number of Unexcused Absences: _____ selected? Yes No
Number of Days Suspended: _____ If No, how many days was the child enrolled? _____

Follow Up Reporting Period

Reporting Period Type (Semester, Trimester or Other):

Semester 09-10 Fall **OR** **Trimester** 09-10 Fall
 Spring Winter
 Spring

OR

Other 09-10 If other, please enter **Report Period End Date** _____
AND
Number of Days in Report Period _____

For all Students:

Number of Days Absent: _____ Was child enrolled for the entire reporting period
Number of Unexcused Absences: _____ selected? Yes No
Number of Days Suspended: _____ If No, how many days was the child enrolled? _____