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** ☐ 10-11 ☐ 11-12 ☐ Fall ☐ Spring **OR** ☐ **Trimester** ☐ 10-11 ☐ 11-12 ☐ Fall ☐ Winter ☐ Spring

OR

☐ **Other** ☐ 10-11 ☐ 11-12 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? _____

Follow Up Reporting Period

Reporting Period Type (Semester, Trimester or Other):

☐ **Semester** ☐ 11-12 ☐ Fall ☐ Spring **OR** ☐ **Trimester** ☐ 11-12 ☐ Fall ☐ Winter ☐ Spring

OR

☐ **Other** ☐ 11-12 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? _____

WASHINGTON STATE UNIVERSITY SPOKANE