

YESS STUDENT ASSESSMENT INFORMATION

Student: _____ M/F _____ D.O.B. _____ Age _____ Grade _____
 Student # _____ School: _____ Date _____

SCHOOL HISTORY

1. Total Number of School Placements (7th - 12th) _____
2. Special Ed Yes No Classification _____ ESL Yes No Level _____

EMOTIONAL / BEHAVIORAL / TREATMENT ISSUES

(Functional School Skills, Mental Health Assessment, School Problems, Medications)

Strengths:

Weaknesses:

YESS STUDENT SURVEY Total Score _____

INSTRUCTIONAL LEVELS / TESTING

| WRAT | Date | Form | Score | Grade Level |
|----------|------|------|-------|-------------|
| Reading | | | | |
| Spelling | | | | |
| Math | | | | |

OTHER ASSESSMENTS / TEST SCORES - CRT, SAT, TABE

PROGRESS TOWARDS GRADUATION / VOCATIONAL

Total Credits Completed: _____ GPA _____
 Credits Needed: _____ CPA _____

| UBSCT | Date | Score | Date | Score | Date | Score |
|---------|------|-------|------|-------|------|-------|
| Math | | | | | | |
| Reading | | | | | | |
| Writing | | | | | | |

Career Interests: _____

FOLLOW-UP ACTION PLAN - NEEDED ASSESSMENTS & RELATED SERVICES

