

Academic Data Collection Forms



Fluency Data Collection Form

Student Name _____ IEP Due Date _____

Grade _____ Functional Reading Level _____

Graduate Text

[illegible]

Instructional I

[illegible]

Reading Goal Data Collection Form

IEP Due Date _____

...about NAME

Student Name _____ Instructional Reading Level _____

Go to

Skill Demonstrated

4 = All of the Time
3 = Most of the Time
2 = Some of the Time
1 = None of the Time

Support Required

IN = Independent
V = Visual Prompt
P = Verbal Prompts

[illegible]

Student Name _____ IEP Due Date _____

Goal

[illegible]

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Math Skills _____ IEP Due Date _____
Student Name _____

Goals

Skill Demonstrated

- 4 = All of the Time
3 = Most of the Time
2 = Some of the Time
1 = None of the Time

Support Required

Support Required

IN = Independent
V = Visual Prompt
P = Verbal Prompts

D = Direct Instruction
U = Unable
R = Refused

[illegible]

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Quarter

Data Collection Forms- Any Subject

Data Collection Form

Skill Demonstrated

- 4 = All of the Time
- 3 = Most of the Time
- 2 = Some of the Time
- 1 = None of the Time

Support Required

- IN = Independent
- V = Visual Prompt
- P = Verbal Prompts
- D = Direct Instruction
- U = Unable
- R = Refused

Date

Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

Week 7

Week 8

Week 9

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Data Collection Form

Skill Demonstrated

- 4 = All of the Time
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Support Required

- IN = Independent
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- D = Direct Instruction
- U = Unable
- R = Refused

Date

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Student Name _____ IEP Due Date _____

Goal

Trimester 1 AverageTrimester 3 AverageTrimester 2 PageStudent Name: _____

Goal _____ IEP Due Date _____

Quarter 1 AverageQuarter 1 Average

Week of:	# Assignments Completed

[illegible]

Weekly Assessment- Trimester & Quarter Average

Student Name _____ IEP Due Date _____

Week of:	Assessment Score
	/ = %
	/ = %
	/ = %
	/ = %
	/ = %
	/ = %
	/ = %
	/ = %
	/ = %
Trimester 1 Average _____	

Trimester 1 Average

Week of:	Assessment Score
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
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	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
	<u> </u> = <u> </u> %
Trimester 2 Average <u> </u>	

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Weekly Assessment-Quarter Average

Student Name _____ IEP Due Date _____

Week of:	Assessment Score
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
	<u> </u> / <u> </u> = <u> </u> %
Quarter 1 Average <u> </u>	

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[illegible]

Standardized Test Scores- Individual Student & Class Forms

Standard Test Scores

Student Name

Date

Scal Sco

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Standardized Test Scores

Student Name: _____

[illegible]

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Assessment:

IEP at a Glance and IEP Training Verification Form

IEP at a Glance Staff IEP/BIP Training Tracker

Student Name _____ ID Number _____
DOB _____

Check all support services that apply:

Reading (____ min/wk)
Math (____ min/wk)
OT (____ min/wk)
Counseling (____ min/wk)

Reading _____

Written Language _____

Math _____

Other _____

Check all classroom/testing accommodations:
extra time _____
preferential seating _____
on-task focusing prompts _____
test read to student (except c) _____
other _____

Date	With Whom	Mode
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person
		☐ Email ☐ Phone ☐ In-Person

Training Verification for BIP, Health Plans and/or Safety Plans

The below named student has a Behavioral Intervention Plan (BIP) and/or Health Plan and/or Safety Plan as part of his/her IEP for the 2020-2021 school year.

Student Name _____ ID # _____
School _____

I have been trained in the procedures and strategies in this student's most recent Behavioral Intervention Plan (BIP) and/or Health Plan and/or Safety Plan in the IEP dated _____, I am aware that these must be implemented daily as written.

Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____
Name _____	Role _____	Date _____

I have trained the appropriate staff and paraprofessionals regarding the procedures and strategies outlined in the student's most recent Behavioral Intervention Plan (BIP) and/or Health Plan and/or Safety Plan in the IEP dated _____.

Name _____ Role _____ Date _____

PLUS Meeting Notes & General Notes Pages

