Considerations in Determining High School Course of Study Worksheet

Student:	DOE	3: Grade:	SBCSC ID#			
Disability(ies):		STN#				
Testing Information						
ISTEP+						
Grade 5 LA:/	_Math:/	Science: NA	SS:/			
Grade 6 LA:/	_Math:/	Science:/	SS: NA			
Grade 7 LA:/	_Math:/	Science: NA	SS:/			
Grade 8 LA:/	_Math:/	Science: NA	SS: NA			
Other Assessments		Read 180 (Lexiles/Grade Levels)				
Grade Scores:		Grade	Lexile/GL:			
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Grade Scores:		Grade	Lexile/GL:			
Grade Scores:		Grade	Lexile/GL:			

iStar - Attach most recent iStar report

Academic History

Grade (Circle)	Class	Class Level of servic		Setting:		Curriculum modified?		To what grade	Level of performance	
		Direct	Indirect	GE	Resource	BEST	Υ	N	level?	
5	Reading									
5	Language Arts									
5	Math									
6	Reading									
6	Language Arts									
6	Math									
7	Reading									
7	Language Arts									
7	Math									
7	Science/Social Studies									
8	Reading									
8	Language Arts									
8	Math									
8	Science/Social Studies									

Is the student working on functional goals? If so, what are they? (i.e. telling time, money, etc.)

Outcomes

What does the student want to do upon completion of high school?

What kind of support does the student need to accomplish his/her goal?