

Cumulative Record Review

School: _____ Student: _____

Reviewed by: _____ Review Date: _____

Attendance	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Total tardy/absent out of total days
Tardy									/
Absent									/

Has the student been retained? _____ If so, what grade(s)? _____

Support the student is receiving or has received (indicate year).

- Special Education _____
- 504 _____
- Counseling _____
- ELL _____
- After School Programs _____
- Other: _____

MAP or other scores	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8
Reading/LangArt						
Math						

REFERRALS	SOURCE (e.g. classroom, gym, lunchroom, specials)
# Office Referrals to date	
# ISS Days to date	
# OSS Days to date	
Health concerns:	Medications

NOTES

Attach the most recent report card and enrollment history.