**Records Review Summary**

Student : Date of Review:

Person Completing Review:

***Place an “X” in the box indicating the documents that were available for review and write down any significant information from the review of each.***

□ Office Discipline Referrals and Disciplinary Records IDENTIFY PATTERNS (ANTECEDENTS 🡪 Location? Time? Persons involved?) IDENTIFY PATTERNS (CONSEQUENCES 🡪Motivation? Admin. Decision?)

□ Data and documentation from previous Behavioral Interventions (Check-In/Check-Out, etc.)

□ Past Behavior Support Plans and Behavioral Assessments (FBA, etc.)

□ Attendance

□ Individualized Education Plan (IEP)

□ Academic Assessment Results and Records (CBM, DIBELS, grades, etc.)

□ Medical Records/ Health History

□ Other