

## District 742 Community Schools EARLY INTERVENTION TEAM (EIT) CHECKLIST

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
 Referring Staff Name \_\_\_\_\_ Referring Staff Position \_\_\_\_\_  
 School \_\_\_\_\_ Referral Date \_\_\_\_\_

**DIRECTIONS:** Please reflect on the strengths you've observed and the concerns you have about this student and *check only those items that apply.*

A. Academic/Communication/Motor	Strength	Concern
1. Completes assignments on time	<input type="checkbox"/>	<input type="checkbox"/>
2. Academic performance is satisfactory (Check concerns:) <input type="checkbox"/> Rdg <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Rdg Comp <input type="checkbox"/> Written Expr <input type="checkbox"/> Math Calc <input type="checkbox"/> Oral Expr <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
3. Organizes materials & tasks independently	<input type="checkbox"/>	<input type="checkbox"/>
4. Speech and language are developmentally appropriate	<input type="checkbox"/>	<input type="checkbox"/>
5. Motor Skills are developmentally appropriate (Check motor concerns:) <input type="checkbox"/> Fine <input type="checkbox"/> Gross	<input type="checkbox"/>	<input type="checkbox"/>
B. Attendance	Strength	Concern
1. Attends school regularly	<input type="checkbox"/>	<input type="checkbox"/>
2. Is on time for classes/school	<input type="checkbox"/>	<input type="checkbox"/>
C. Social/Emotional/Behavioral	Strength	Concern
1. Follows direction	<input type="checkbox"/>	<input type="checkbox"/>
2. Seeks assistance/attention appropriately	<input type="checkbox"/>	<input type="checkbox"/>
3. Attends to instruction	<input type="checkbox"/>	<input type="checkbox"/>
4. Handles conflict/frustration appropriately	<input type="checkbox"/>	<input type="checkbox"/>
5. Shows respect for self, others, and property	<input type="checkbox"/>	<input type="checkbox"/>
6. Has positive self image (doesn't make negative comments about self)	<input type="checkbox"/>	<input type="checkbox"/>
7. Displays emotional responses appropriate to situation (Check concerns:) <input type="checkbox"/> Crying <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Bossy <input type="checkbox"/> Depressed <input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>
D. Relationships at School	Strength	Concern
1. Initiates and maintains positive relationship with:  <div style="text-align: right; margin-right: 20px;">Adults    <input type="checkbox"/></div> <div style="text-align: right; margin-right: 20px;">Peers      <input type="checkbox"/></div>	<input type="checkbox"/>	<input type="checkbox"/>
2. Maintains appropriate boundaries in relationships	<input type="checkbox"/>	<input type="checkbox"/>
E. Health/Physical	Strength	Concern
1. Maintains appropriate hygiene and grooming	<input type="checkbox"/>	<input type="checkbox"/>
2. Appears well-rested	<input type="checkbox"/>	<input type="checkbox"/>
3. List any known health concerns:		
4. List any known prescribed medications:		
F. Family	Strength	Concern
1. Family maintains contact with school Who:	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

**YOUR COMPLETED CHECKLIST SHOULD BE RETURNED TO THE EARLY INTERVENTION TEAM**

The provisions of the Family Educational Rights and Privacy Act permit this information be made available to school staff on a "need to know" basis, and prohibit the sharing of the information with any other third party.