

S28r0 Report Card

Patient's Identification Number _____

Test Date (yyyy/mm/dd): _____

Correction:

Yes

No

1. Grade level (xx): _____

2. Total days missed from school; last year (xxx): _____

3. How many missed days were due to a medical condition? (xxx) _____

4. Did the child successfully complete his/her last grade?

Pass

Fail

5. Has patient ever failed a grade?

Yes

No

5A. If Yes, what grade? (xx) _____

5A-1. Was this the result of a medical condition resulting in multiple missed days?

Yes

No

5A-2. Was this the result of a poor learner?

Yes

No

Standard Examination Completed - Items 6 through 9 must be obtained from Report Card via the Study Coordinator

6A. Name of test: _____

6B. Test score (xxx): _____

7. Does patient have an individual education plan (IEP) or its equivalent?

Yes

No

8. Does patient have a 504C plan or its equivalent?

Yes

No

9. Does patient receive special educational support?

Yes

No

Staff I.D. #: _____