

Student Name: _____ Student ID #: _____

Does this student have an IEP? **YES** **NO** Does this student receive ELL services? **YES** **NO**

ATTENDANCE: Circle the one that best applies to this student

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|--|
| 1. Student has 3 or fewer absences this academic year and attendance is not a factor in academic performance. |
| 2. Student has 4 to 8 absences this academic year and should be aware so it does not begin to affect academic performance. |
| 3. Student has 9 to 15 absences this academic year and is likely affecting the student's academic performance. |
| 4. Student has 16 or more absences this academic year and is adversely effecting on the student's academic performance. |

GRADES: Is this student receiving D's or F's in any classes? **YES** **NO**

If yes, which classes? _____

FOR 6th Grade Teachers Only: Is this student receiving any 1's or 2's on any standards? **YES** **NO**

If yes, which class and which standard?

2014	SCORE	2015	SCORE	2016	GOAL
READING		READING		READING	
MATH		MATH		MATH	
SCIENCE		SCIENCE		SCIENCE	

STANDARD SCORE RANGES FOR ACHIEVEMENT LEVELS (SPRING TESTING)

Use these to help determine student's goal for 2016

READING

GR	NP	P	A
3	130-174	175-217	>217
4	135-188	189-235	>235
5	140-201	202-253	>253
6	145-212	213-264	>264
7	145-225	226-287	>287
8	150-238	239-303	>303

MATHEMATICS

GR	NP	P	A
3	130-176	177-204	>204
4	135-188	189-223	>223
5	140-199	200-242	>242
6	145-211	212-257	>257
7	145-221	222-276	>276
8	150-235	236-290	>290

SCIENCE

GR	NP	P	A
3	130-174	175-204	>204
4	135-188	189-236	>236
5	140-201	202-249	>249
6	145-213	214-273	>273
7	145-225	226-291	>293
8	150-237	238-312	>312

NAME: _____ ID#: _____

ACCOMPLISHMENTS:

1. What class or classes are going well for you? _____
2. Why do you think they are going well? _____

3. What is something you have done this year in school that you are really proud of? _____

4. What is something you have done this year outside of school that you are really proud of?

5. What is your favorite class? _____
6. Why is that your favorite class? _____

IMPROVEMENTS/CHANGES:

1. What is one class you would like to do better in? _____
2. What is one change you could make to do better in that class? _____
3. What is one thing outside of school you would like to do better? _____

4. If you could change 2 things about your life, either in or out of school, what would they be?

ACTIVITIES:

1. What activities are you involved in at school? (Ex. Band, Choir, Football, Volleyball)

2. What activities are you involved in outside of school? (Ex. Dance, Sports, Lessons)

3. Are their activities either in or out of school that you wish you could be involved in?

4. What is your favorite thing to do in school? (Ex. Math Class, PE, Lunch, Band, Computer Lab)

5. What is your favorite thing to do outside of school? (Ex. Reading, Riding a bike, walking the dog, soccer) _____
6. What is one thing that you would like me to know about you?

* On the front of this sheet your HR teacher has filled in your Iowa Assessment Scores for the past 2 years. There is also a column to fill out a goal for this years scores. After you have filled out this side of the sheet your teacher will have a short conference with you and you will set a goal for this years scores together.