

Teacher: \_\_\_\_\_

## Cumulative File Review

**ID #:** \_\_\_\_\_ **Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

1. **Schools Attended** (K-present; include district if other than SAUSD):

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2. **Review of report cards from elementary school** (comment on patterns for behavior, academics, attendance, reading/math levels, and benchmarks):

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4. **Most recent test scores:**

*Test:*      Date taken: \_\_\_\_\_ ELA: \_\_\_\_\_ MA: \_\_\_\_\_

*CELDT:*      Date taken: \_\_\_\_\_ L/S: \_\_\_\_\_ R: \_\_\_\_\_ W: \_\_\_\_\_ O: \_\_\_\_\_

3. **Has the student repeated a grade?**

No      Yes      Grade: \_\_\_\_\_ Information from Board of Reviews: \_\_\_\_\_

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5. **Prior SST/AIP /504 Plan?**

No      Yes      Grade: \_\_\_\_\_ Concerns: \_\_\_\_\_

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6. **Previously received special education or any other services?**

No      Yes      Grade: \_\_\_\_\_ Special Ed      Speech      GATE

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7. **Family Background?**

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