

Wraparound Educational Information Tool v2

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|--|--|---|--|
| Time 1/Baseline Collected no later than 30 days from referral and before first meeting | Time 2 Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends | Time 3 Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends | Time 4 Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends |
|--|--|---|--|

How to complete this tool:

- Classroom teacher or lead teacher for student completes the tool
- If more than one teacher is involved in the classroom functioning evaluation, see group scoring options
- Answers to the survey should reflect the teacher(s) experience with youth over the last three months

Student Name: _____ **Student ID:** _____

Please identify the period of assessment:

| | | | | |
|--|----------------------------------|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Time 1/Baseline | <input type="checkbox"/> Time 2 | <input type="checkbox"/> Time 3 | <input type="checkbox"/> Time 4 | <input type="checkbox"/> Time 5 |
| <input type="checkbox"/> Time 6 | <input type="checkbox"/> Time 7 | <input type="checkbox"/> Time 8 | <input type="checkbox"/> Time 9 | <input type="checkbox"/> Time 10 |
| <input type="checkbox"/> Time 11 | <input type="checkbox"/> Time 12 | <input type="checkbox"/> Time 13 | <input type="checkbox"/> Time 14 | <input type="checkbox"/> Time 15 |
| <input type="checkbox"/> Time 16 | <input type="checkbox"/> Time 17 | <input type="checkbox"/> Time 18 | <input type="checkbox"/> Time 19 | <input type="checkbox"/> Discharge |

- 1) Date tool completed: _____
- 2) This tool was filled out by: An individual teacher A team of teachers
- 3) Please check if you are a: General Education Teacher Special Education Teacher
 Regional Coach/Trainer PBIS Coach Other (*please specify*): _____
- 4) How many months has this student been in your class or classes? _____
- 5) How well do you know this student? Not Well Moderately Well Very Well
- 6) Has this student transferred during the past year? Yes No N/A
- 7) Is this student attending the school they would attend if they did not have a disability? Yes No N/A

CLASSROOM FUNCTIONING:

- Never** = Display of this functional behavior never occurs
- Sometimes** = Display of this functional behavior occurs less than one time per week
- Frequently** = Display of this functional behavior occurs between one to four times a week
- Always** = Display of this functional behavior occurs daily or more than one time per day

| SECTION I: Based on your expectations of children in your classroom, please indicate the extent to which the above student... | Never | Sometimes | Frequently | Always | Not Applicable |
|---|-------|-----------|------------|--------|----------------|
| 8) Attends school | 1 | 2 | 3 | 4 | N/A |
| 9) Completes class assignments on time | 1 | 2 | 3 | 4 | N/A |
| 10) Works independently | 1 | 2 | 3 | 4 | N/A |
| 11) Completes homework on time | 1 | 2 | 3 | 4 | N/A |
| 12) Passes quizzes and tests | 1 | 2 | 3 | 4 | N/A |
| 13) Completes subjects with a passing grade | 1 | 2 | 3 | 4 | N/A |
| 14) Participates in classroom discussions and activities | 1 | 2 | 3 | 4 | N/A |
| 15) Pays attention in class | 1 | 2 | 3 | 4 | N/A |
| 16) Participates in extracurricular activities | 1 | 2 | 3 | 4 | N/A |

| | | | | | |
|--|--------------|------------------|-------------------|---------------|-----------------------|
| 17) Has friends | 1 | 2 | 3 | 4 | N/A |
| 18) Engages in socially appropriate behavior with peers | 1 | 2 | 3 | 4 | N/A |
| 19) Engages in socially appropriate behavior in unsupervised settings | 1 | 2 | 3 | 4 | N/A |
| 20) Engages in appropriate classroom behavior with adults | 1 | 2 | 3 | 4 | N/A |
| SECTION II | Never | Sometimes | Frequently | Always | Not Applicable |
| 21) Student follows same routine as other students | 1 | 2 | 3 | 4 | N/A |
| 22) Student participates in lessons that are differentiated for all students throughout the day | 1 | 2 | 3 | 4 | N/A |
| 23) Student participates with same age peers without disabilities in non-academic classes throughout the school day | 1 | 2 | 3 | 4 | N/A |
| 24) The student is given individual accommodations to meet his/her learning needs | 1 | 2 | 3 | 4 | N/A |
| 25) Interaction between student and regular education teacher occurs at frequencies similar to other students in the classroom | 1 | 2 | 3 | 4 | N/A |
| 26) Student has individual daily schedule visible (if needed) | 1 | 2 | 3 | 4 | NA |
| 27) Student has a system for communicating with peers and adults, across settings, throughout the school day | 1 | 2 | 3 | 4 | NA |
| 28) Student's work is monitored for progress and understanding during activities | 1 | 2 | 3 | 4 | NA |
| 29) Student follows directions independently | 1 | 2 | 3 | 4 | NA |
| 30) Student follows directions with supports | 1 | 2 | 3 | 4 | NA |
| 31) Student completes work independently | 1 | 2 | 3 | 4 | NA |
| 32) Student completes work with supports | 1 | 2 | 3 | 4 | NA |
| 33) Student transitions between activities and environments independently | 1 | 2 | 3 | 4 | NA |
| 34) Student transitions between activities and environments with supports | 1 | 2 | 3 | 4 | NA |
| SECTION III | Never | Sometimes | Frequently | Always | Not Applicable |
| 35) Student needs academic assistance in excess of the assistance expected with classroom instruction | 1 | 2 | 3 | 4 | NA |
| 36) This student needs behavioral interventions beyond the classroom routine | 1 | 2 | 3 | 4 | NA |

ACADEMIC PERFORMANCE

37) Has student repeated a grade? Yes No

38) Is student's overall performance commensurate with his/her ability? Yes No

39) Please rate the student's academic performance:

- | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|
| Failing | Below Average | Average | Above Average | Superior |
| <input type="checkbox"/> (GPA 0-59%) | <input type="checkbox"/> (GPA 60-69%) | <input type="checkbox"/> (GPA 70-79%) | <input type="checkbox"/> (GPA 80-89%) | <input type="checkbox"/> (GPA 90-100%) |

40) Number of students in your class: _____

41) How often is this student in your classroom?

- Less than once a week Once a week 2-3 times per week 50% or less of day 51-100% of day