

BREVARD PUBLIC SCHOOLS, FLORIDA
 Individual Problem Solving Team (IPST)
History and Cumulative Review

IPST FORM 1

Student: _____ **Student #:** _____ **DOB:** _____

Grade: _____ **Teacher:** _____ **School:** _____

	YES	NO	COMMENTS
Attendance Concerns			Absent: # Current Yr. _____ # Previous Yr. _____ Tardy: # Current Yr. _____ # Previous Yr. _____
Multiple School Enrollment History			Number of Schools Attended: _____
Vision Screening	Check One: Pass_ Fail_		Date: _____
Hearing Screening	Check One: Pass_ Fail_		Date: _____
Medical History			Medication: _____ Diagnosis or Condition: _____
Mental Health Support Request			Date of Request: _____
History of Academic Difficulty			Previous Intervention Data: Yes No Years with PMP: _____
History of Behavior Difficulty			FBA Date: _____ (if completed) BIP Date: _____ (if completed)
Prior to initiating a referral to the behavior analyst, an IPST based FBA/BIP should be developed and implemented with fidelity unless the student requires immediate intervention to prevent harm to self, others or property.			
Previous Screenings: Academic, Behavioral, Intellectual, Language, Speech			Specify: _____
Previous Psychological and/or Social History Written Report			Date: _____
Retentions			Grade Level(s): _____
IEP History			Current ESE Programs: _____ IEP Date: _____ Previous ESE Programs: _____
504 Plan			Date 504 Plan Written: _____ Disability for 504 Plan: _____ Is 504 Plan active (Yes / No): _____
ESOL / LEP			Language Proficiency Status (LY/LF/LZ): _____ DUESS (Date of Entry in U.S. Schools) _____ ESOL Exit Date: _____ WIDA Proficiency Levels: Listening: _____ Speaking: _____
Additional Information:			Reading: _____ Writing: _____

Completed by: _____ Title: _____ Date: _____