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| **Name:** |  |
| **School:**  |  |

 **Student Services Profile (A-1)**

🗝**Clear Education Specialist Candidates**

**DIRECTIONS:** Completing the Profile will help you learn about your teaching context. Consult with your support provider, your administrators, and colleagues, to gather information about your learning context. You may add to the Class Profile at any time as you learn about your students, school, and district. Revisit this Class profile throughout the year. If your district/school provides this information in another format, make a copy and attach the information.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Student Name**(first name only) | **Primary Disability** | **Assessments Given** | **CMA/CAPA**(or appropriate alternate test)**Subject: :**  | **CAHSEE Test Level and Score (Mild/Mod)** | **IEP Dates** | **Designated Instructional Services (DIS)** (ex. Speech, DHH, OI, VI, O&M, OT, PT, etc.) | **BSP or Behavior Goal?** | **District of Residence** | **English Learner**(If checked, include in table below) |
| PreviousYear: | Current Year: | CurrentELA | CurrentMATH | Last IEP | Next IEP | Triennial |
| 1 |  |  | ☐CST ☐ CAHSEE☐CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 2 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 3 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 4 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 5 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 6 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 7 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 8 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 9 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 10 |  |  | ☐ CST ☐ CAHSEE☐ CMA☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 11 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 12 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 13 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 14 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 15 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 16 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 17 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 18 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 19 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |
| 20 |  |  | ☐ CST ☐ CAHSEE☐ CMA ☐ CAPA |  |  |  |  |  |  |  |  | Yes☐ No☐ |  | ☐ |

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| **English Learner Students** |
|  | **Student Name**(first name only) | **Prior English Language** | **Current English Language** | **Primary Language** | **Language Spoken at Home** | **Years of ELD Instruction** | **Migrant Program** | **Re-Designated** | **Notes** |
| **Listening/ Speaking** | **Reading** | **Writing** | **Composite score** | **Listening/ Speaking** | **Reading** | **Writing** | **Composite score** |
| 1 |  |  |  |  |  |  |  |   |  |  |  |  | ☐ | ☐ |  |
| 2 |  |  |  |  |  |  |  |   |  |  |  |  | ☐ | ☐ |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 8 |  |  |  |  |  |  |   |  |  |  |  |  | ☐ | ☐ |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 17 |  |   |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  | ☐ | ☐ |  |

**\* Possible Identifiers: AUT–**Autism **D/B–**Deaf Blindness **D–**Deaf **ED–**Emotional Disturbance

**EMD–**Established Medical Disability **HH–**Hard of Hearing **ID–**Intellectually Disabled **MUL–**Multiple Disabilities **OI–**Orthopedic Impairment **SLD–**Specific Learning Disability **SLI–**Speech or Language Impairment **TBI–**Traumatic Brain Injury

**VI–**Visual Impairment **OHI–**Other Health Impairment

**Conversation Point (with your support provider, discuss the prompts below):**

* What information does the profile provide that aids me in designing and delivering instruction?
* In what ways do I adjust my lesson delivery to ensure all students have access to the core curriculum?
* How does the make-up of my classroom influence my choice of instructional strategies and teaching methods, classroom activities, groupings, etc.?
* What resources are available to assist me in communicating with parents and families who do not speak English?
* What might I need to have prepared in a language other than English to ensure support for the student?
* How do I adapt my lessons to meet the needs of students who have differing CELDT performance levels?
* How will I ensure that all my students, including those with special needs and those who are gifted and talented, are integrated into the social fabric of the classroom?
* How do I assess the strengths of students with disabilities and of students who are gifted and talented and use this information to plan instruction that supports all students in meeting curricular standards?
* What is the process my school uses to identify and refer students for special education services?
* What is the purpose of the student study team (SST)?
* How do I work with the SST?
* What are my responsibilities after a SST