

Macomb Area Pathways

Student Profile Information

Name _____

Parent/Guardian (s) _____

Address _____ City/State _____ Zip _____

Phone Number _____ (daytime) _____ (evening)

School _____ School District _____

School Principal _____

Student Assistance Specialist

Address _____ City/State _____ Zip _____

Phone _____ Fax _____

1. Describe behavior resulting in expulsion or long term suspension. _____

2. Please list dates and types of any school infractions this year.

3. Please list any suspensions or infractions for last school year. _____

4. Include copy of report cards, grades, and attendance record for this year and last year. (Please attach.)

5. Indicate the name of the most recent norm referenced achievement test the student has taken and date of administration. (Please attach scores.)

6. What behavioral and academic interventions have been used with this student? Describe the degree of success of these interventions. _____

7. Please describe the student's strengths. (academically, emotionally, socially, physically, musically, etc.) _____

8. Please describe any positive adult relationships that the student has had either at your school or outside of school. _____

9. What are your biggest concerns about this student at this time? _____

10. What are your biggest concerns about this student returning to your school?

11. Please attach two samples of the student's work from any of his/her classes. Please include any other sample work that you feel would be helpful to the committee. (i.e. writing, art work, technical project, etc.)

12. Please add any additional comments or information here. _____
