



K-12 Target Student Reporting Form

General Information

Reporting Period: <input type="checkbox"/> Baseline <input type="checkbox"/> End of Year *Complete one form at the beginning of the year and one form at the end of the school year		Date Completed:	
Name of person completing form:			
Email address of person completing form:			
RCN:		ISD:	
District:		Building:	
Enter the Target Student Code using the following information: <ul style="list-style-type: none"> The code is used instead of a name so that personally identifiable information is not included in this form. It is very important that this code is correct to link the baseline and end of year data. Code: First letter of district name, student first and last initial, grade level #, birth month # Example Information: Elm District, Jose Alvarez, 3rd Grade, July Example Code: EJA37 			
Target Student Code: _____			
*Parent permission form required to submit this data to START. Retain this form in the student's file at their school.			
Grade: <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> post high		Target Student Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary	
Target Student Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino/Latina <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
Classroom Environment and Teaching Assessment – Revised (CETA-R) completed for student's classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No		Info on the CETA-R can be found at: http://www.gvsu.edu/autismcenter/ in Resources	

Student Data Profile

Learning Setting	<input type="checkbox"/> In school full-time <input type="checkbox"/> In school less than full-time Reason for in school less than full-time: <input type="checkbox"/> In school less than full-time due to an IEP decision for a reduced school day <input type="checkbox"/> In school less than full-time and receiving intervention services outside the school setting during the school day (e.g., Applied Behavior Analysis) <input type="checkbox"/> Other: _____
Attendance	<p><i>Reported at end of year only</i></p> <p>Number of school days missed for the year: _____ days as of _____ date *Absences for illness, appointments, vacations, or other excused reasons. Does not include suspensions.</p>
Educational Environment	<p>Percentage of time target student is currently in general education per the IEP:</p> <input type="checkbox"/> 80% or greater <input type="checkbox"/> 60-79% <input type="checkbox"/> 40-59% <input type="checkbox"/> Less than 40% <input type="checkbox"/> None, classroom in general ed building <input type="checkbox"/> None, separate facility
Participation in State Assessment	<p>What Michigan state assessment did the student participate in during the most recent year?</p> <input type="checkbox"/> Standard State Assessment <input type="checkbox"/> MI-ACCESS <input type="checkbox"/> Not age-eligible for standard state assessment.
IEP Goals	<p>List two IEP goals</p> <p>1. _____</p> <p><i>Reported at End of year:</i> <input type="checkbox"/> Met goal <input type="checkbox"/> Moderate progress <input type="checkbox"/> Minimal progress</p> <p>2. _____</p> <p><i>Reported at End of year:</i> <input type="checkbox"/> Met goal <input type="checkbox"/> Moderate progress <input type="checkbox"/> Minimal progress</p>
Academic Involvement	<p>IEP Course of Study: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate <input type="checkbox"/> Not determined</p>
	<p>Is the general education curriculum the primary focus of instruction?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<p>Does the student receive grades in general education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Reported at End of year:</i> If yes, what is the student's GPA? _____</p>

Independence	Percentage of time student receives direct paraprofessional support throughout the day when in a school building: <input type="checkbox"/> <10% <input type="checkbox"/> 10-29% <input type="checkbox"/> 30-49% <input type="checkbox"/> 50-69% <input type="checkbox"/> 70-89% <input type="checkbox"/> >90%
	What is the student's level of daily independence during each of these activities, when in a school building?
	Arrival and departure <input type="checkbox"/> alone or with a peer <input type="checkbox"/> direct adult support
	Navigating hallway <input type="checkbox"/> alone or with a peer <input type="checkbox"/> direct adult support
	Using the restroom <input type="checkbox"/> alone or with a peer <input type="checkbox"/> direct adult support
	Obtaining and eating lunch <input type="checkbox"/> alone or with a peer <input type="checkbox"/> direct adult support
	Has the student taken driver's training? <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> Not old enough Does the student have a driver's permit or license? <input type="checkbox"/> Yes <input type="checkbox"/> No or <input type="checkbox"/> Not old enough
Social Interaction	Is the student supported by a peer to peer program during the school day? <input type="checkbox"/> Yes, all day <input type="checkbox"/> More than half the day, less than all day <input type="checkbox"/> Less than half the day <input type="checkbox"/> No
	How many hours per day is target student in immediate proximity with typical peers (e.g., same classroom, playground, table at lunch) <input type="checkbox"/> all day <input type="checkbox"/> 5-6 hours <input type="checkbox"/> 3-4 hours <input type="checkbox"/> 1-2 hours <input type="checkbox"/> <1 hour <input type="checkbox"/> none
	How many peers are assigned to the target student daily? <input type="checkbox"/> >12 <input type="checkbox"/> 10-12 <input type="checkbox"/> 9-10 <input type="checkbox"/> 7-8 <input type="checkbox"/> 5-6 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> none
	How often does the student eat lunch with non-disabled peers? <input type="checkbox"/> Always <input type="checkbox"/> 3-4 times per week <input type="checkbox"/> 1-2 times per week <input type="checkbox"/> Never
	How many friends does the student have? *Friend defined as - enjoy spending time together, spend time together regularly, both identify each other as a friend. <input type="checkbox"/> >10 <input type="checkbox"/> 7-9 <input type="checkbox"/> 5-8 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> None
School Engagement	Frequency of extra-curricular activities (e.g., sports, clubs, dances) with non-disabled peers in the most recent school year: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 1-2 per Semester <input type="checkbox"/> None
	What school activities is the student involved in? <input type="checkbox"/> Band, orchestra, chorus, choir, or other music group <input type="checkbox"/> School play or musical, drama club <input type="checkbox"/> Student government <input type="checkbox"/> Academic honor society (such as NHS or BETA club) <input type="checkbox"/> School yearbook, newspaper, or literary magazine <input type="checkbox"/> Academic clubs (such as debate, foreign language, or science clubs) <input type="checkbox"/> Hobby clubs (such as art, computers, photography, or chess) <input type="checkbox"/> Social activism club (such as an environmental or political club) <input type="checkbox"/> Vocational or professional club (such as DECA, FTA, FHA, or FFA) <input type="checkbox"/> Sports team or athletic club <input type="checkbox"/> UCS/Youth Activation Committee <input type="checkbox"/> Service-learning or volunteer experiences <input type="checkbox"/> Other school activities <i>not</i> listed above: _____ <input type="checkbox"/> Not involved in any school activities

Challenging Behavior	<p>Number of suspensions or times sent home from school (removals) for challenging behavior within the past month: <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> >10</p> <p>Number of behavioral incidents (e.g., disruptions, aggression) requiring removal from the classroom within the past month? <input type="checkbox"/> None <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> >10</p>
Self-Advocacy	<p>Did the student attend their most recent IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, for what amount of time <input type="checkbox"/> <50% <input type="checkbox"/> >50% <input type="checkbox"/> Did not Attend</p>
	<p>Has the student participated in presenting to peers about ASD? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>*For students 8th grade and above</p> <p>Did the student take the assessment(s) for the development of the EDP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Family Engagement	<p>Is the student / family and school team working on goals established by the START passport? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Was a family member involved in the development of any of the student's support plans (e.g., behavior plan, self-management systems)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Employment and Employment Preparation	<p>For students age 14 or older, which of the following activities has the student been involved in:</p> <p> <input type="checkbox"/> Paid Integrated Employment <input type="checkbox"/> Integrated Internship / Apprenticeship <input type="checkbox"/> Community Job Sampling <input type="checkbox"/> Integrated Ongoing Volunteering <input type="checkbox"/> Technical School <input type="checkbox"/> None </p> <p>Has the student taken driver's training? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not old enough</p> <p>Does the student have a driver's permit or license? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not old enough</p>