



# STUDENT INSTRUCTIONAL LOG HOSPITALS SCHOOLS



<b>Student's Name</b>		<b>Grade</b>	
<b>Site</b>		<b>Teacher</b>	
<b>Phone #</b>		<b>Paraprofessional</b>	

### Student Information

<b>Name</b>		<b>OSIS #</b>	
<b>DOB</b>		<b>Age</b>	
<b>Home Address</b>		<b>School</b>	
		<b>Borough</b>	
<b>Phone #</b>		<b>District</b>	
<b>Parent/Guardian</b>			<b>School Contact</b>
<b>Agency Contact</b>			
<b>Agency Phone #</b>		<b>Phone#</b>	
<b>Preferred language spoken</b>		<b>Graduating Senior</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Notes:</b>		<b>Promotion In Doubt (PID)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Attendance

<b>Admit Date</b>		<b>Date Reported</b>			
<b>Discharge Date</b>		<b>Date Reported</b>		<b>407 Date</b>	

### Educational Services

<b>Type of Education</b>	<input type="checkbox"/> Regular Education <input type="checkbox"/> Special Education    Staffing Ratio: _____ <input type="checkbox"/> Alternative Education	<b>Classification of Disability</b>	
<b>Type of Assessment</b>	<input type="checkbox"/> Standardized <input type="checkbox"/> Alternate <input type="checkbox"/> Modification	<b>IEP Conference Date</b>	
<b>Related Services</b>		<b>IEP Request Date</b>	
<b>Twelve month school year</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>IEP Received Date</b>	
<b>Notes:</b>		<b>IEP Contact</b>	

**For New Entrants (First time admitted to New York Public School System)**

**COMPLETE & FAX THE “NON-DOE INTAKE STUDENT LOG”**

<b>Student's Name</b>		<b>Grade</b>	
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Assessments				High School Students			
Area	Date	Test/Evaluation	Level	Grade	Semester	Course	Credits

\*A RASA is required after 2 weeks of instruction

Mandated NYS Standardized Exams Administered			
Exam	Date	Exam	Date
1.		3.	
2.		4.	

\*For more information on NYS Standards go to <http://www.corestandards.org>

Content Area Standard	Learning Objectives (Based on Common Core Standards)	Pre-test Rubric/Score	Post-test Rubric/Score
	1.	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score
	2.	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score
	3.	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score
	4.	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score
	5.	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score	Date _____ <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 _____ % score

**Rubric Key:**

4-Exceeds grade-level standards  
3-Meets grade-level standards

2-Approaches grade-level standards  
1-Far below grade-level standards

<b>Student's Name</b>	<b>Grade</b>
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**Class Focus**

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Date	Activities/Material Instruct-Evaluate-Extend	Type of Instruction	Status of student	Behavior
Goal #				
LO #	<hr/> <hr/> <hr/> <input type="checkbox"/> Homework:	<input type="checkbox"/> Bedside <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Medicated <input type="checkbox"/> Sleeping <input type="checkbox"/> Procedure <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disruptive Intervention: <hr/> <hr/>
LO #	<hr/> <hr/> <hr/> <input type="checkbox"/> Homework:	<input type="checkbox"/> Bedside <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Medicated <input type="checkbox"/> Sleeping <input type="checkbox"/> Procedure <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disruptive Intervention: <hr/> <hr/>
LO #	<hr/> <hr/> <hr/> <input type="checkbox"/> Homework:	<input type="checkbox"/> Bedside <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Medicated <input type="checkbox"/> Sleeping <input type="checkbox"/> Procedure <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disruptive Intervention: <hr/> <hr/>
LO #	<hr/> <hr/> <hr/> <input type="checkbox"/> Homework:	<input type="checkbox"/> Bedside <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Medicated <input type="checkbox"/> Sleeping <input type="checkbox"/> Procedure <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disruptive Intervention: <hr/> <hr/>
LO #	<hr/> <hr/> <hr/> <input type="checkbox"/> Homework:	<input type="checkbox"/> Bedside <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Medicated <input type="checkbox"/> Sleeping <input type="checkbox"/> Procedure <input type="checkbox"/> Other	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disruptive Intervention: <hr/> <hr/>