

# Wraparound Educational Information Tool v2

<b>Time 1/Baseline</b> Collected no later than 30 days from referral and before first meeting	<b>Time 2</b> Collected anywhere from a maximum of monthly from the point of initial assessment to a minimum of once at three months following initial assessment, or before the school year ends	<b>Time 3</b> Collected anywhere from a maximum of monthly from the point of Time 2 assessment to a minimum of once at six months following initial assessment, or before the school year ends	<b>Time 4</b> Collected anywhere from a maximum of monthly from the point of Time 3 assessment to a minimum of once at 9 months after initial meeting, or before the school year ends
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**How to complete this tool:**

- Classroom teacher or lead teacher for student completes the tool
- If more than one teacher is involved in the classroom functioning evaluation, see group scoring options
- Answers to the survey should reflect the teacher(s) experience with youth over the last three months

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Please identify the period of assessment:**

<input type="checkbox"/> Time 1/Baseline	<input type="checkbox"/> Time 2	<input type="checkbox"/> Time 3	<input type="checkbox"/> Time 4	<input type="checkbox"/> Time 5
<input type="checkbox"/> Time 6	<input type="checkbox"/> Time 7	<input type="checkbox"/> Time 8	<input type="checkbox"/> Time 9	<input type="checkbox"/> Time 10
<input type="checkbox"/> Time 11	<input type="checkbox"/> Time 12	<input type="checkbox"/> Time 13	<input type="checkbox"/> Time 14	<input type="checkbox"/> Time 15
<input type="checkbox"/> Time 16	<input type="checkbox"/> Time 17	<input type="checkbox"/> Time 18	<input type="checkbox"/> Time 19	<input type="checkbox"/> Discharge

- 1) Date tool completed: \_\_\_\_\_
- 2) This tool was filled out by:  An individual teacher       A team of teachers
- 3) Please check if you are a:  General Education Teacher       Special Education Teacher  
 Regional Coach/Trainer       PBIS Coach       Other (*please specify*): \_\_\_\_\_
- 4) How many months has this student been in your class or classes? \_\_\_\_\_
- 5) How well do you know this student?       Not Well       Moderately Well       Very Well
- 6) Has this student transferred during the past year?  Yes       No       N/A
- 7) Is this student attending the school they would attend if they did not have a disability?  Yes       No       N/A

**CLASSROOM FUNCTIONING:**

- Never** = Display of this functional behavior never occurs
- Sometimes** = Display of this functional behavior occurs less than one time per week
- Frequently** = Display of this functional behavior occurs between one to four times a week
- Always** = Display of this functional behavior occurs daily or more than one time per day

<b>SECTION I:</b> Based on your expectations of children in your classroom, please indicate the extent to which the above student...	Never	Sometimes	Frequently	Always	Not Applicable
8) Attends school	1	2	3	4	N/A
9) Completes class assignments on time	1	2	3	4	N/A
10) Works independently	1	2	3	4	N/A
11) Completes homework on time	1	2	3	4	N/A
12) Passes quizzes and tests	1	2	3	4	N/A
13) Completes subjects with a passing grade	1	2	3	4	N/A
14) Participates in classroom discussions and activities	1	2	3	4	N/A
15) Pays attention in class	1	2	3	4	N/A
16) Participates in extracurricular activities	1	2	3	4	N/A

17) Has friends	1	2	3	4	N/A
18) Engages in socially appropriate behavior with peers	1	2	3	4	N/A
19) Engages in socially appropriate behavior in unsupervised settings	1	2	3	4	N/A
20) Engages in appropriate classroom behavior with adults	1	2	3	4	N/A
<b>SECTION II</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Not Applicable</b>
21) Student follows same routine as other students	1	2	3	4	N/A
22) Student participates in lessons that are differentiated for all students throughout the day	1	2	3	4	N/A
23) Student participates with same age peers without disabilities in non-academic classes throughout the school day	1	2	3	4	N/A
24) The student is given individual accommodations to meet his/her learning needs	1	2	3	4	N/A
25) Interaction between student and regular education teacher occurs at frequencies similar to other students in the classroom	1	2	3	4	N/A
26) Student has individual daily schedule visible (if needed)	1	2	3	4	NA
27) Student has a system for communicating with peers and adults, across settings, throughout the school day	1	2	3	4	NA
28) Student's work is monitored for progress and understanding during activities	1	2	3	4	NA
29) Student follows directions independently	1	2	3	4	NA
30) Student follows directions with supports	1	2	3	4	NA
31) Student completes work independently	1	2	3	4	NA
32) Student completes work with supports	1	2	3	4	NA
33) Student transitions between activities and environments independently	1	2	3	4	NA
34) Student transitions between activities and environments with supports	1	2	3	4	NA
<b>SECTION III</b>	<b>Never</b>	<b>Sometimes</b>	<b>Frequently</b>	<b>Always</b>	<b>Not Applicable</b>
35) Student needs academic assistance in excess of the assistance expected with classroom instruction	1	2	3	4	NA
36) This student needs behavioral interventions beyond the classroom routine	1	2	3	4	NA

**ACADEMIC PERFORMANCE**

37) Has student repeated a grade?  Yes  No

38) Is student's overall performance commensurate with his/her ability?  Yes  No

39) Please rate the student's academic performance:

- Failing** (GPA 0-59%)     
 **Below Average** (GPA 60-69%)     
 **Average** (GPA 70-79%)     
 **Above Average** (GPA 80-89%)     
 **Superior** (GPA 90-100%)

40) Number of students in your class: \_\_\_\_\_

41) How often is this student in your classroom?

- Less than once a week     
 Once a week     
 2-3 times per week     
 50% or less of day     
 51-100% of day