

MULTI-CRITERIA SELECTION FORM

School Year 20__ / 20__ Building _____

Student Name _____ Grade _____

Teacher _____ School _____

Section A: 5 Points for Yes _____

Section B: 5 Points for each box checked _____

Section C: 1 Point for each question answered yes _____

Total Points: _____

SECTION A Teacher Recommendation

Identify the assessments which will be used to determine that this student is at greatest risk of failure or farthest from meeting the state and district standards.

1. _____ DRA	6. _____ Diagnostic
2. _____ State Achievement Test	7. _____ RIT Score
3. _____ LLI	8. _____ Reading Recovery Assessment
4. _____ DMA	9. _____ Other, specify
5. _____ MAP	<input type="checkbox"/> <input type="checkbox"/>

Do you recommend this student for Title I services?
(0 points if answer is No, 5 points if answer is Yes)

No Yes

SECTION B

Check each area that is below proficient/grade level and provide the score and/or rating for each NP area.
(5 Points for each box checked)

<input type="checkbox"/> Math _____ points	<input type="checkbox"/> Reading _____ points	<input type="checkbox"/> Writing _____ points
_____	_____	_____
Math Score or Rating	Reading Score or Rating	Writing Score or Rating

Total Points: _____

SECTION C Parent/Guardian Provided Information

(1 point for each question answered Yes)

- 1. Is your child's primary language a language other than English?
 Yes _____ No _____

- 2. Has your child attended other schools prior to enrollment here?
 Yes _____ No _____

- 3. Does your child have an identified disability?
 Yes _____ No _____

Total Points: _____

Parent Providing Information

Additional Comments: (optional)

SECTION D

Multi-criteria Summary Score _____

(Same as Total Points in first Section)