

MIDDLE SCHOOL CUMULATIVE FILE REVIEW FORM

Student:	Date:
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Reviewed by:

ATTENDANCE	5 th	6 th	7 th	8 th	(Indicate tardy/absent out of total days)
TARDY	/	/	/	/	/
ABSENT	/	/	/	/	/

HAS THE STUDENT BEEN RETAINED? : Y N IF SO, WHAT GRADE(S) ?:

SUPPORT THE STUDENT IS RECEIVING/HAS RECEIVED	YEAR(S)
ELL:	
Spec Ed:	
After School Programs:	
Other:	

MCA scores	4 th	5 th	6 th	7th	8th
Reading					
Math					
MAP scores	4 th	5 th	6 th	7th	8th
Reading					
Math					

REFERRALS	SOURCE: e.g.: Classroom, Gym, Library, Lunchroom, other
Number of Office Referrals to Date:	
Number of ISS Days to Date:	
Number of OSS Days to Date:	
Health Concerns:	Medications:
NOTES:	

PLEASE ATTACH MOST RECENT REPORT CARD AND ENROLLMENT HISTORY