

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Psychological Services Department and
Multicultural, ESOL and Program Services Department
Problem Solving Data and Intervention Form

Student's Name _____ Date _____
School _____ Date of Birth _____
Grade _____
Person Requesting Assistance (Name and Position) _____

Language and Cultural History

Home Language _____ Place of Birth _____
Language most often spoken to the student at home _____
Language most often spoken by the student at home _____
Length of Time in U.S. _____
Initial Language Classification and Date _____
Current Language Classification and Date _____
Pertinent Cultural/Family Factors _____

Educational History

Schooling Outside the U.S. No _____ Yes _____ Where? _____
If Yes, Grades Attended and Dates _____
Language(s) of Instruction _____
Program Type: Regular _____ Bilingual/ESOL _____ ESE _____ Other _____
Attendance Patterns _____
Schooling in U.S. No _____ Yes _____ Where? _____
If Yes, Grades Attended and Dates _____
Language(s) of Instruction _____
Program Type: Regular _____ Bilingual/ESOL _____ ESE _____ Other _____
Attendance Patterns _____
Date and Type of Previous Evaluations (e.g., psychological) _____

Screenings/Medical History

Vision Date(s) _____ Results _____
Hearing Date(s) _____ Results _____
Speech/ Language Date(s) _____ Results _____
Pertinent Medical Information _____

Reason for Request

Estimated Level of Academic Performance

Reading _____ Math _____

Written Language _____ Oral Language _____

Assessment Information on File (e.g., DIBELS, DAR) (Attach work samples.)

Student's Academic and Behavioral Strengths

Interventions Previously Attempted and Results



Target Problem Identified by Team and Baseline Measure (Focus on a specific problem stated in behavioral terms.)

Intervention(s) Plan

	Description	Implementor
1.	_____ _____ _____	_____
2.	_____ _____ _____	_____
3.	_____ _____ _____	_____

In Attendance

Follow up Contact by _____ Date _____

Results of Follow up Including Outcome Measure

