

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**Psychological Services Department and**  
**Multicultural & ESOL Program Services Education 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.	<hr/> <hr/>	<hr/>
2.	<hr/> <hr/>	<hr/>
3.	<hr/> <hr/>	<hr/>

**In Attendance**

---

---

Follow up Contact by \_\_\_\_\_ Date \_\_\_\_\_

**Results of Follow up Including Outcome Measure**

---

---