

# Student Disposition Tool Version 2.0

Illinois Statewide Technical Assistance Center (ISTAC)  
Systematic Information Management for Educational Outcomes (SIMEO)

**Note:** Facilitator is REQUIRED to complete this tool at EVERY ASSESSMENT

<b>Time 1/Baseline</b>	<b>Time 2</b>	<b>Time 3</b>	<b>Time 4</b>
Collected no later than 30 days from referral and before first meeting	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	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	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

**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) Has educational placement changed in the past three months?  Yes  No

3) If yes, please identify the **new educational placement** (If yes, also update student enrollment page of SIMEO II):

- General ed. classroom 100% of the day-FACTS Code 01
- General ed. classroom with special ed. consultation-FACTS Code 01
- General ed. classroom with inclusion support-FACTS Code 01
- Special ed. instruction and/or related services 1-20% of the day OUTSIDE the general ed. classroom-FACTS Code 01
- Special ed. instruction and/or related services 21-60% of the day OUTSIDE the general ed. classroom-FACTS Code 02
- Special ed. instruction and/or related services more than 60% of the day OUTSIDE general ed.-FACTS Code 03
- Special ed. 100% in a separate public day school-FACTS Code 04
- Special ed. 100% in a separate public day school in conjunction with a separate residential component-FACTS Code 05
- County or municipal detention center or jail-FACTS Code 07
- IYC – Jail-FACTS Code 07
- Private day school-FACTS Code 08
- Private residential-FACTS Code 09
- Alternative education setting
- Homebound-FACTS Code 11
- Hospital-FACTS Code 12
- Regular education Pre-school
- Special education Pre-school/Early Childhood
- Community Child Care
- Partial day school
- Education Placement did not change

4) Are there other agencies currently involved with the student and/or family?  Yes  No

5) If yes, indicate agencies currently involved:

- DCFS  Probation  Mental Health  Public Aid  Other: \_\_\_\_\_  Not applicable

6) Does this student have DCFS legal involvement?  Yes  No

7) How many student/family team meetings were held since last SIMEO review or assessment, to include baseline? \_\_\_\_\_

8) Were SWIS data used in any student/family meetings during the reporting period?  Yes  No

9) Were SIMEO data used in any student/family meetings during the reporting period?  Yes  No

10) If yes, please indicate how data were used (check as many as apply):

- To engage team members       To ensure voice of family       To design interventions
- To revise actions of team       To celebrate success       Data not used

- 11) School attendance:  59% or below  60-69%  70-79%  80-89%  90-100%
- 12) Please rate the approximate Grade Point Average of the student:  
 59% or below  60-69%  70-79%  80-89%  90-100%  Not applicable
- 13) Risk of failure in home placement:  No risk  Minimal risk  Moderate risk  High risk
- 14) Risk of failure in school placement:  No risk  Minimal risk  Moderate risk  High risk
- 15) Risk of failure in community placement:  No risk  Minimal risk  Moderate risk  High risk
- 16) How many office disciplinary referrals in the past three months? \_\_\_\_\_
- 17) How many in-school suspensions in the past three months? \_\_\_\_\_
- 18) How many out-of-school suspensions in the past three months? \_\_\_\_\_
- 19) Has the student been expelled in the past three months?  Yes  No

**20-22. Check if services are currently being utilized (Complete at all assessment periods)**

**20) Home Environment**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Child Care                     | <input type="checkbox"/> Hospitalization          | <input type="checkbox"/> Parent Supports           |
| <input type="checkbox"/> Child Protective Services      | <input type="checkbox"/> Housing Assistance       | <input type="checkbox"/> Pre-natal Care            |
| <input type="checkbox"/> Counseling - Couples           | <input type="checkbox"/> In-Home Services         | <input type="checkbox"/> Public Aid/TANF           |
| <input type="checkbox"/> Counseling - Group             | <input type="checkbox"/> Individual Aide          | <input type="checkbox"/> Recreation Plan           |
| <input type="checkbox"/> Counseling - Individual        | <input type="checkbox"/> Medical Services         | <input type="checkbox"/> Respite                   |
| <input type="checkbox"/> Counseling – Substance Abuse   | <input type="checkbox"/> Medication               | <input type="checkbox"/> Service Coord./Case Mgmt. |
| <input type="checkbox"/> Domestic Violence Intervention | <input type="checkbox"/> Medication Evaluation    | <input type="checkbox"/> Transportation            |
| <input type="checkbox"/> Employment Assistance          | <input type="checkbox"/> Mental Health Assessment | <input type="checkbox"/> Vocational Training       |
| <input type="checkbox"/> Financial Support              | <input type="checkbox"/> Mentoring                | <input type="checkbox"/> Personal Assistant        |
| <input type="checkbox"/> Homemaking Services            | <input type="checkbox"/> Parenting Education      | <input type="checkbox"/> Other: _____              |

**21) School Environment**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Academic Interventions  | <input type="checkbox"/> FBA/BIP                                    | <input type="checkbox"/> Special Education Referral            |
| <input type="checkbox"/> Academic Tutoring   | <input type="checkbox"/> Medication                                 | <input type="checkbox"/> Speech and Language Therapy           |
| <input type="checkbox"/> After School Program  | <input type="checkbox"/> Medication Evaluation                      | <input type="checkbox"/> Substance Abuse Treatment             |
| <input type="checkbox"/> Anger Management Interventions                                | <input type="checkbox"/> Mentor/Advocate                            | <input type="checkbox"/> Summer School Program-Not part of IEP |
| <input type="checkbox"/> Case Management Services                                      | <input type="checkbox"/> Personal Assistant/Aide or Individual Aide | <input type="checkbox"/> Transition Planning                   |
| <input type="checkbox"/> Child Care  | <input type="checkbox"/> Peer Mentor                                | <input type="checkbox"/> Vocational Assessment                 |
| <input type="checkbox"/> Counseling - Group  | <input type="checkbox"/> Peer Support Strategies                    | <input type="checkbox"/> Vocational/Post-Secondary Planning    |
| <input type="checkbox"/> Counseling - Individual                                       | <input type="checkbox"/> Nursing Care                               | <input type="checkbox"/> ESY-As part of IEP                    |
| <input type="checkbox"/> Crisis/Safety Plan  | <input type="checkbox"/> Relaxation & Self-Modulation Training      | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Curriculum Modification                                       | <input type="checkbox"/> Social Skills Instruction                  | _____  |
| <input type="checkbox"/> Discrete Trial Format or Applied Behavioral Analysis teaching |   | _____  |

**22) Community Environment**

- |  |   |
|--|---|
| <input type="checkbox"/> After School Programming    | <input type="checkbox"/> Peer Mentor          |
| <input type="checkbox"/> Child Care                  | <input type="checkbox"/> Recreation Services  |
| <input type="checkbox"/> Community Mentoring         | <input type="checkbox"/> Respite              |
| <input type="checkbox"/> Cultural/Spiritual Supports | <input type="checkbox"/> Youth Support Groups |
| <input type="checkbox"/> Employment Assistance       | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Outward Bound Experience    | _____   |