

File Review - Template

This template may be used to support the gathering of information for the completion of a comprehensive assessment report.

Student: _____ Grade: _____ Age: _____

Area of concern or exceptionality (if formally identified): _____ Year exceptionality identified: _____

Review Completed By: _____ Date of review: _____

School	Grade	Year	Days Absent	Relevant Comments/Grades	Special Services	Testing Info

School	Grade	Year	Days Absent	Relevant Comments/Grades	Special Services	Testing Info

Patterns of Strengths Identified

Patterns of Needs Identified

Questions or concerns arising from this review

Medical Information - Please specify any pertinent information

Signature:_____ **Date:**_____