

**TURTLE MOUNTAIN SCHOOL DIVISION**  
**STUDENT SERVICES NEEDS SURVEY**

(This survey covers all students receiving services.)

SCHOOL: \_\_\_\_\_

YEAR: \_\_\_\_\_

**SPECIAL NEEDS SERVICES:**

	LEVEL I	LEVEL II	LEVEL III	DIRECT PROGRAM	CLASS ASSISTANCE	MONITOR	
K							
1							
2							
3							
4							
5							
6							
7							
8						M	I
9							
10							
11							
12							

ADDITIONAL COMMENTS: (List types and dates of on-going classroom programs, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

HEALTH PLANS (URIS)	MEDICATION FOR ATTENTION DEFICIT
K _____ 5 _____ 9 _____	K _____ 5 _____ 9 _____

1 _____	6 _____	10 _____	1 _____	6 _____	10 _____
2 _____	7 _____	11 _____	2 _____	7 _____	11 _____
3 _____	8 _____	12 _____	3 _____	8 _____	12 _____
4 _____			4 _____		

**ADDITIONAL COMMENTS:** (List types and dates of on-going classroom programs, etc.)

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**READING RECOVERY PROGRAM**

Observation Survey: \_\_\_\_\_

Grade one:

On Program: \_\_\_\_\_

Successfully Discontinued: \_\_\_\_\_

Referred to Student Services: \_\_\_\_\_

Carry Overs: \_\_\_\_\_

Monitors: (Grade 2 & 3) \_\_\_\_\_

Additional Comments: (List reasons for discontinued student(s).)

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Signature \_\_\_\_\_ Date \_\_\_\_\_