

SCHOOL REPORT

JD-JM-104 Rev. 12-15
C.G.S. 10-233i, 46b-140

STATE OF CONNECTICUT SUPERIOR COURT JUVENILE MATTERS www.jud.ct.gov



Address of court					Docket number	
Name and address of child					Date of birth	SASID number
Name and address of school					Court contact	
Date entered	Present grade	Credits earned	Grades repeated	Number of schools past 3 years	Special Education <input type="checkbox"/> Yes <input type="checkbox"/> No	504 <input type="checkbox"/> Yes <input type="checkbox"/> No
Education tests and dates:		I.Q. Performance	I.Q. Verbal	I.Q. Final	Grade ability	
Description and date(s): <input type="checkbox"/> ELL <input type="checkbox"/> Learning disability <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ED <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Autism <input type="checkbox"/> Other disability <input type="checkbox"/> TBI <input type="checkbox"/> SLD/Dyslexia <input type="checkbox"/> Speech/Language impaired						
Psychiatric/Psychological tests and dates			Diagnosis		IEP needs	
Medications						
Physical exam date and examiner		Findings				
School adjustment and behavior						
School program adjustment and child's reaction						
Attendance record						
Conference dates with parents, individual PPT and results						
Social agency contact and results						
Recommendations for disposition including conditions of probation						
Return completed report to Court by: _____						
Attach copies of current academic records, including grades, state test results, evaluations, IEP/504 plan, PPT reports, and student success plan, if applicable.						
<input type="checkbox"/> "X" box and use reverse/another sheet if you have additional remarks that may help the court in understanding this child.						
Signed (Preparer)			Title		Date signed	