

SCHOOL REPORTJD-JM-104 Rev. 12-15
C.G.S. 10-233i, 46b-140STATE 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"/> TBI <input type="checkbox"/> SLD/Dyslexia	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> ED <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Speech/Language impaired			<input type="checkbox"/> Autism <input type="checkbox"/> Other disability	
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 and use reverse/another sheet if you have additional remarks that may help the court in understanding this child.							
Signed (Preparer)			Title		Date signed		