

High School Youth Status Tool Version 2.0

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

Time 1/Baseline Collected no later than 30 days from referral and before first meeting	Time 2 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	Time 3 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	Time 4 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
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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
- General ed. classroom with special ed. consultation
- General ed. classroom with inclusion support
- Special ed. instruction and/or related services 1-20% of the day OUTSIDE the general ed. classroom
- Special ed. instruction and/or related services 21-60% of the day OUTSIDE the general ed. classroom
- Special ed. instruction and/or related services more than 60% of the day OUTSIDE general ed.
- Special ed. 100% in a separate public day school
- Special ed. 100% in a separate public day school in conjunction with a separate residential component
- County or municipal detention center or jail
- IYC – Jail
- Private day school
- Private residential
- Alternative education setting
- Homebound
- Hospital
- 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 student 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) Risk of failure in home placement: No risk Minimal risk Moderate risk High risk
- 13) Risk of failure in school placement: No risk Minimal risk Moderate risk High risk
- 14) Risk of failure in community placement: No risk Minimal risk Moderate risk High risk
- 15) How many office disciplinary referrals in the past three months? _____
- 16) How many in-school suspensions in the past three months? _____
- 17) How many out-of-school suspensions in the past three months? _____
- 18) Has the student been expelled in the past three months? Yes No

19-21. Check if services are currently being utilized (Complete at all assessment periods)

19) 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: _____ |

20) 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 | | _____ |

21) 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 | _____ |

22) Has this student transferred during the past year? Yes No N/A

23) Is this student attending the school they would attend if they did not have a disability? Yes No N/A

CLASSROOM FUNCTIONING:

- Never** = Display of this functional behavior never occurs
- Sometimes** = Display of this functional behavior occurs less than one time per week
- Frequently** = Display of this functional behavior occurs between one to four times a week
- Always** = Display of this functional behavior occurs daily or more than one time per day

SECTION I: (ALL ISTAC PROGRAMS)					
Based on the expectations of the classroom, please indicate the extent to which the above student...	Never	Sometimes	Frequently	Always	Not Applicable
24) Attends school	1	2	3	4	N/A
25) Completes class assignments on time	1	2	3	4	N/A
26) Works independently	1	2	3	4	N/A
27) Completes homework on time	1	2	3	4	N/A
28) Passes quizzes and tests	1	2	3	4	N/A
29) Completes subjects with a passing grade	1	2	3	4	N/A
30) Participates in classroom discussions and activities	1	2	3	4	N/A
31) Pays attention in class	1	2	3	4	N/A
32) Participates in extracurricular activities	1	2	3	4	N/A
33) Has friends	1	2	3	4	N/A
34) Engages in socially appropriate behavior with peers	1	2	3	4	N/A
35) Engages in socially appropriate behavior in unsupervised settings	1	2	3	4	N/A
36) Engages in appropriate classroom behavior with adults	1	2	3	4	N/A
SECTION II	Never	Sometimes	Frequently	Always	Not Applicable
37) Needs academic assistance in excess of the assistance expected with classroom instruction	1	2	3	4	NA
38) Needs behavioral interventions beyond the classroom routine	1	2	3	4	NA

ACADEMIC PERFORMANCE

39) Has student repeated a grade? Yes No

40) Is student's overall performance commensurate with his/her ability? Yes No

41) Please rate the student's academic performance:

- Failing**
 (GPA 0-59%)
- Below Average**
 (GPA 60-69%)
- Average**
 (GPA 70-79%)
- Above Average**
 (GPA 80-89%)
- Superior**
 (GPA 90-100%)