

Summit Academy Screening Tool



Date of Submission:	Referring School:
Name & Role of Referring Staff:	
Contact Info (email/phone):	
	Student Information
Name:	DOB:
Current Grade Level:	
Ва	asic Eligibility Screening
Please complete the following checkl	list. Mark all that apply.
Academic & Cognitive Profile	
☐ Student has borderline to below-	-average cognitive functioning
☐ Student has an IEP with academ	ic modifications or significant supports
☐ Student requires 1:1 or small gro	oup instruction to participate in classroom learning
Behavioral Profile	
☐ Student exhibits frequent or inte	nse behavior (e.g., aggression, elopement, SIB, destruction)
☐ Student's behavior significantly	interferes with learning in the current setting
☐ Behavior has required disciplina	ry action, alternative placement, or shortened school days
☐ Student is not currently successf	ful in a general or resource education setting

Social-Emotional / Functional Profile
☐ Student demonstrates limited coping skills or emotional regulation
☐ Student has difficulty following adult direction even with support
☐ Student struggles with transitions, "no" responses, or task demands
☐ Student has very limited peer relationships or age-appropriate social functioning
Support History
☐ Student has received or is currently receiving behavioral services (e.g., FBA, BIP, ABA,
therapy)
☐ Student has participated in crisis intervention or restraint procedures
☐ Family has expressed openness to intensive therapeutic or ABA support
Brief Narrative (Optional, but helpful)
Please describe any major concerns prior interventions or other relevant information:

Next Steps

If 6 or more boxes are checked, and at least one item is checked in each category, your student may be an appropriate fit for Summit Academy. Our team will review this form and follow up within 5 school days. Please submit this screening tool to: carleys@wabisabibhc.com