

REPORTER'S RECORD
VOLUME 6 OF 6 VOLUMES
TRIAL COURT CAUSE NO. 0836979A and 0836985A

THE STATE OF TEXAS	X	IN THE DISTRICT COURT
VS.	X	TARRANT COUNTY, TEXAS
BARTON R. GAINES	X	213TH JUDICIAL DISTRICT

EXHIBITS

FILED
THOMAS A. WILDER, DIST. CLERK
TARRANT COUNTY, TEXAS

APR 14 2003

APPEARANCES

Time 12:07
By CS Deputy

HONORABLE ROBERT FORAN
and
HONORABLE MICHELE HARTMANN
Assistant District Attorneys
401 W. Belknap
Fort Worth, Texas 76196
Phone: (817) 884-1700

SBOT NO.07220600
SBOT NO. 09167800

FOR THE STATE

HONORABLE GREG WESTFALL
and
HONORABLE CHEYENNE MINICK
Attorney at Law
One Summit Avenue
Fort Worth, Texas 76102
Phone: 817-877-1700

SBOT NO. 00788646
SBOT NO. 24001161

FOR THE DEFENDANT

COPY

**MASTER INDEX OF EXHIBITS
STATE'S EXHIBITS**

No.	Description	Offered	Received	Vol.
1	Small Mounted Photo	125	125	3
2	Small Mounted Photo	125	125	3
3	Small Mounted Photo	125	125	3
4	Small Mounted Photo	125	125	3
5	Small Mounted Photo	125	125	3
6	Small Mounted Photo	125	125	3
7	Small Mounted Photo	125	125	3
8	Small Mounted Photo	125	125	3
9	Small Mounted Photo	125	125	3
10	Small Mounted Photo	125	125	3
11	Large Mounted Photo	30	30	3
12	Large Mounted Photo	30	30	3
13	Large Mounted Photo	39	39	3
14	Large Mounted Photo	39	39	3
15	Large Mounted Photo	39	39	3
16	Large Mounted Photo	82	82	3
17	Diagram	132	132	3
18	2 Mounted Photos	109	109	3
19	4 Mounted Photos	78	78	3
20	Photo	29	29	3
21	Photo			
22	Photo	29	29	3
23	Photo	77	77	3
24	Photo	77	77	3
25	Photo	78	78	3
26	Shot Cup	128	128	3
26A	Envelope	128	128	3
27	Fired Shotgun Shell	129	129	3
27A	Envelope	129	129	3
28	Plastic Shot Cup	128	128	3
28A	Envelope	128	128	3
29	Plastic Shot Cup	128	128	3
29A	Envelope	128	128	3
30	Fired Shotgun Shell	129	129	3
30A	Envelope	129	129	3
31	Circular Plastic	130	130	3
31A	Envelope	130	130	3
32	Envelope	142	142	3
32A	Bullet	142	142	3
32B	Bullet	142	142	3
32C	Bullet	142	142	3
32D	Bullet	142	142	3
32E	Shotgun Shell	142	142	3
33	Bulet Jacket	240	240	3

**MASTER INDEX OF EXHIBITS
STATE'S EXHIBITS CONTINUED**

No.	Description	Offered	Received	Vol.
33A	Envelope	240	240	3
34	Videotape	119	119	3
35	Wal-Mart Transaction	121	121	3
36	Rifle	145	145	3
36A	Wrapping	145	145	3
37	Photo	143	143	3
40	Records	88	88	4
41	MHMR Records	209	209	4 76

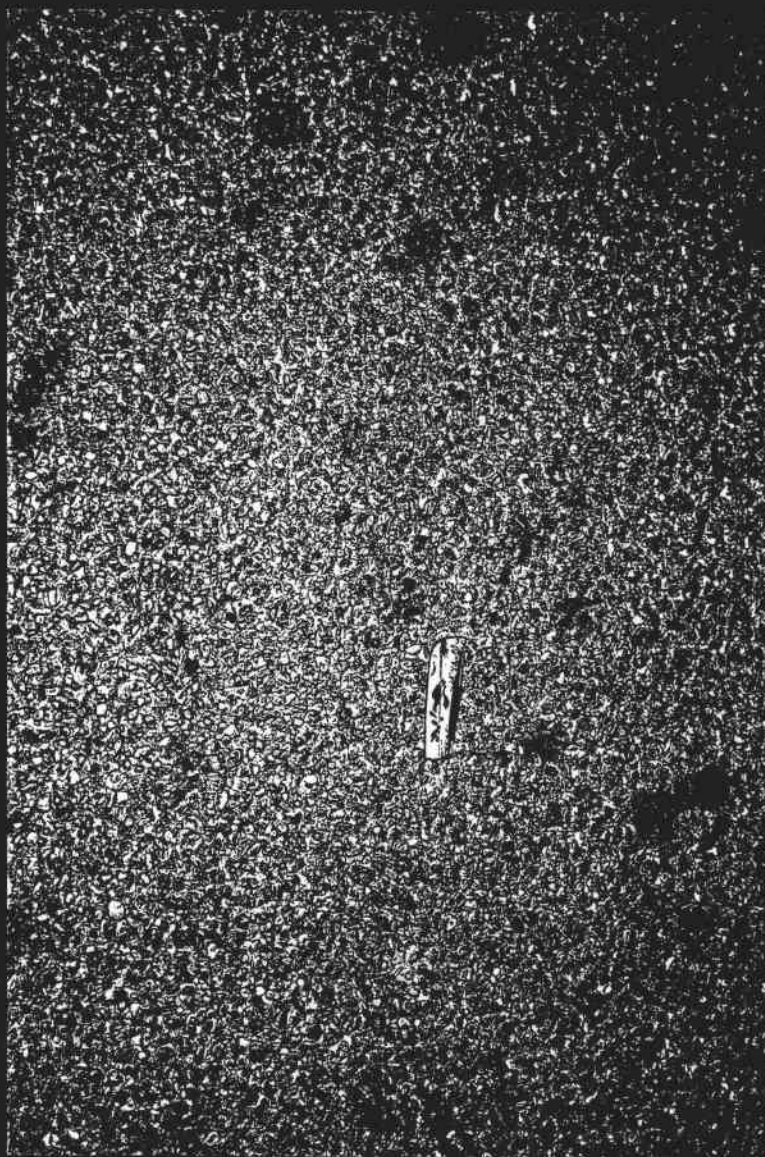
DEFENDANT'S EXHIBITS

No.	Description	Offered	Received	Vol.
1	Photo	9	9	4 104
2	Nothing			5
3	Photo	21	21	4
4	Photo	21	21	4
5	Photo	21	21	4
6	Photo	21	21	4
7	Photo	21	21	4
8	Photo	21	21	4
16	Photo	43	43	4
17	Photo	43	43	4
18	Copies of Checks	41	41	4
19	School Records	88	88	4
	20 TRC Records			202

STATE'S
EXHIBIT

PENGAD-Bayonne, N. J.

12-10-02

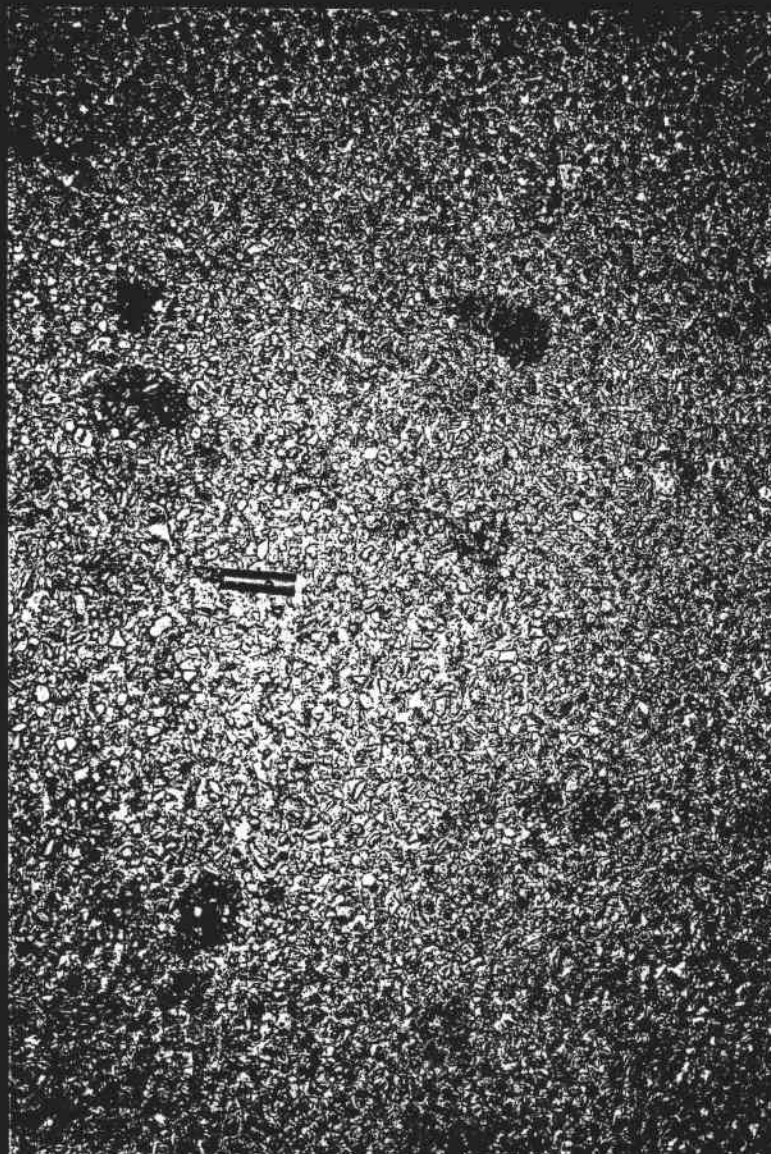


STATE'S
EXHIBIT

2

12-10-02

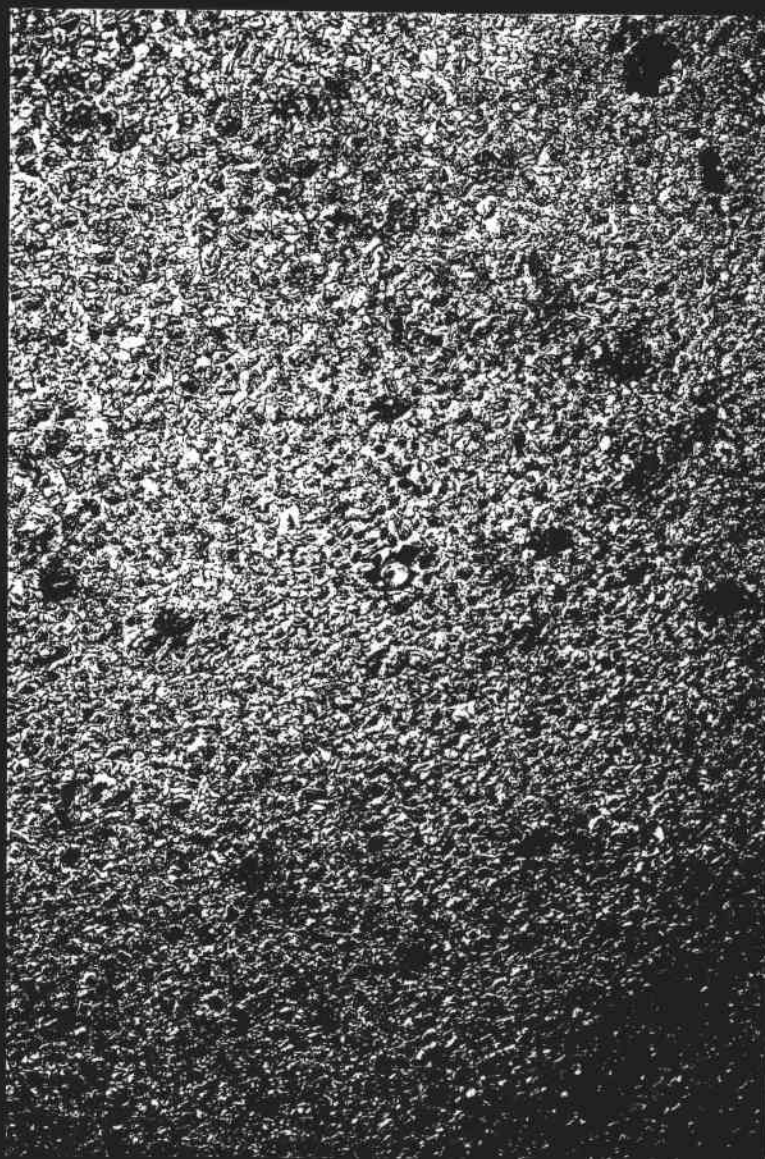
PENGAD-Bayonne, N. J.



STATE'S
EXHIBIT

PENGAD-Bayonne, N. J.

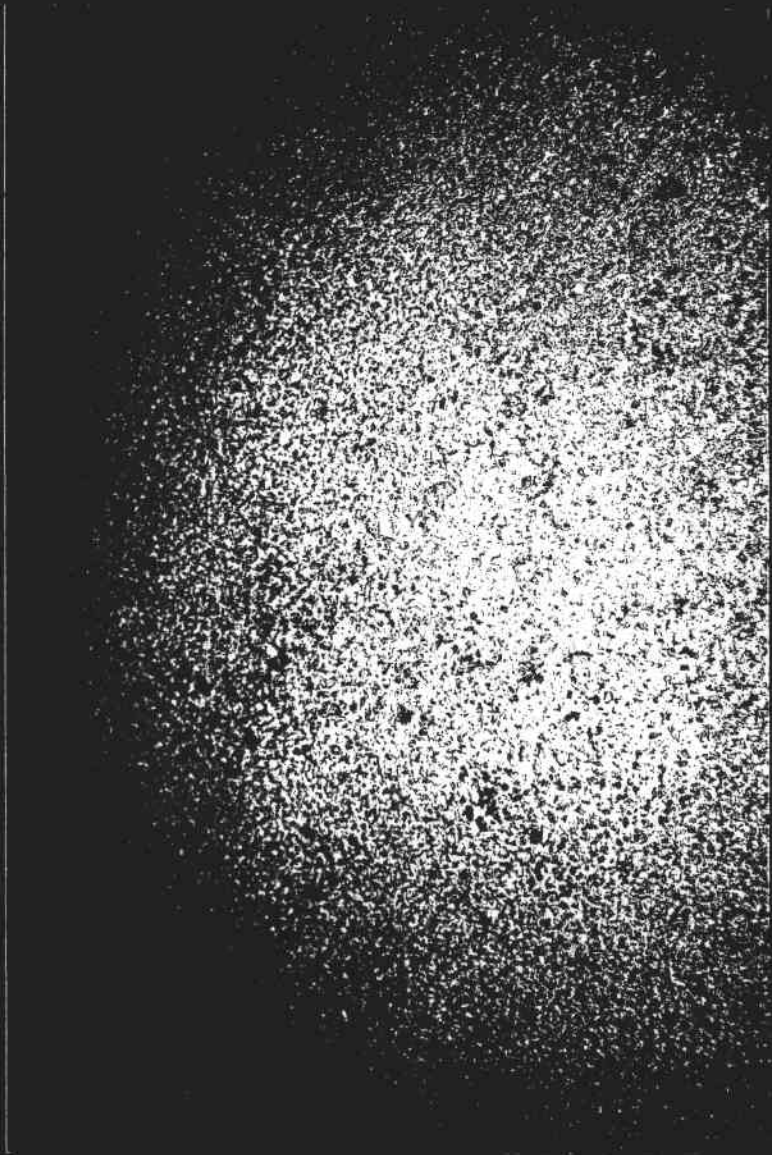
19.10-02



STATE'S
EXHIBIT
4
12-10-02
PENGAD-Bayonne, N. J.



PENGAD-Bayonne, N. J.
STATE'S
EXHIBIT
S.
12.10-02





PENGAD-Bayonne, N. J.

STATES
EXHIBIT

6

12-10-02

STATE'S
EXHIBIT

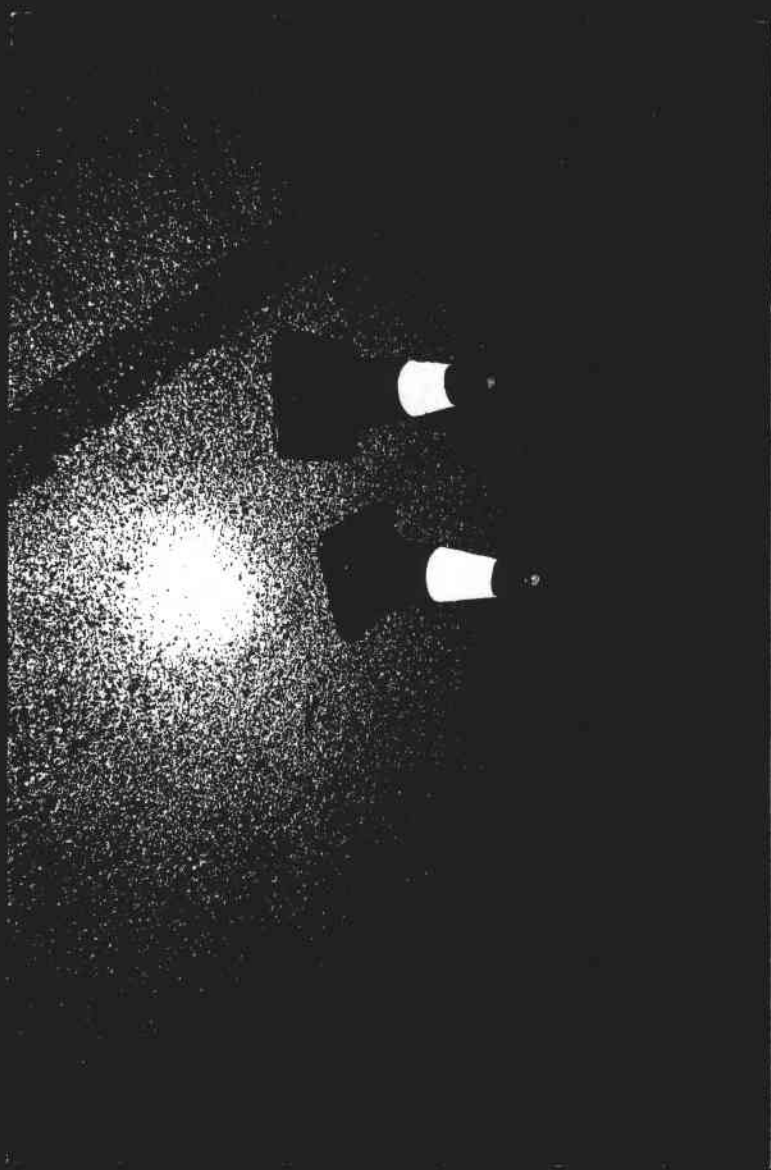
7

12-10-02

PENGAD-Beyonce, N. J.



PENGAD-Bayonne, N. J.
STATE'S
EXHIBIT
8
12-10-02

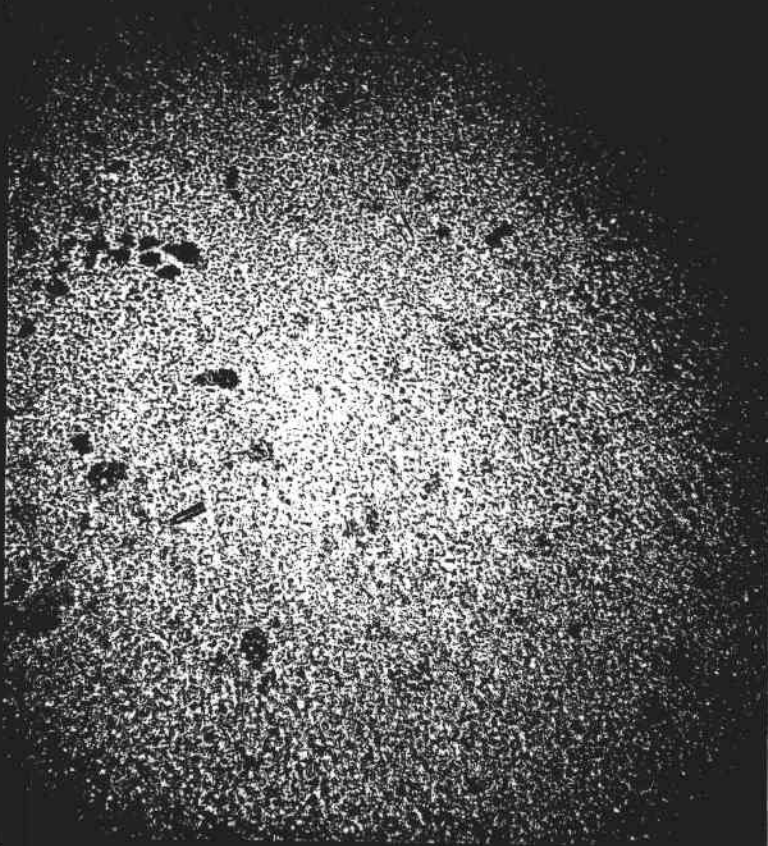


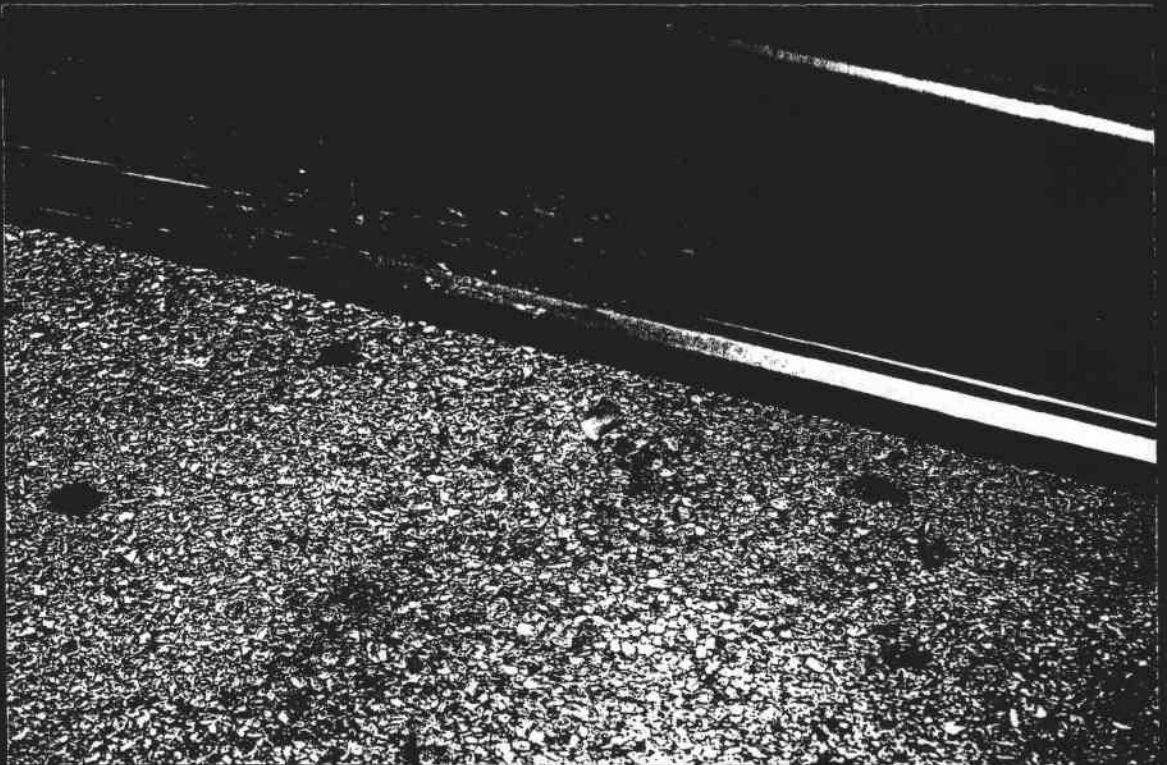
PENGAD-Bayonne, N. J.

STATE'S
EXHIBIT

9

12-10-02





PENGAD-Bayonne, N. J.

SIALE 3
EXHIBIT

12-10-02
10

STATE'S EXHIBIT NO. 11

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 12

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 13

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 14

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 15

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 16

Large Mounted Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 17

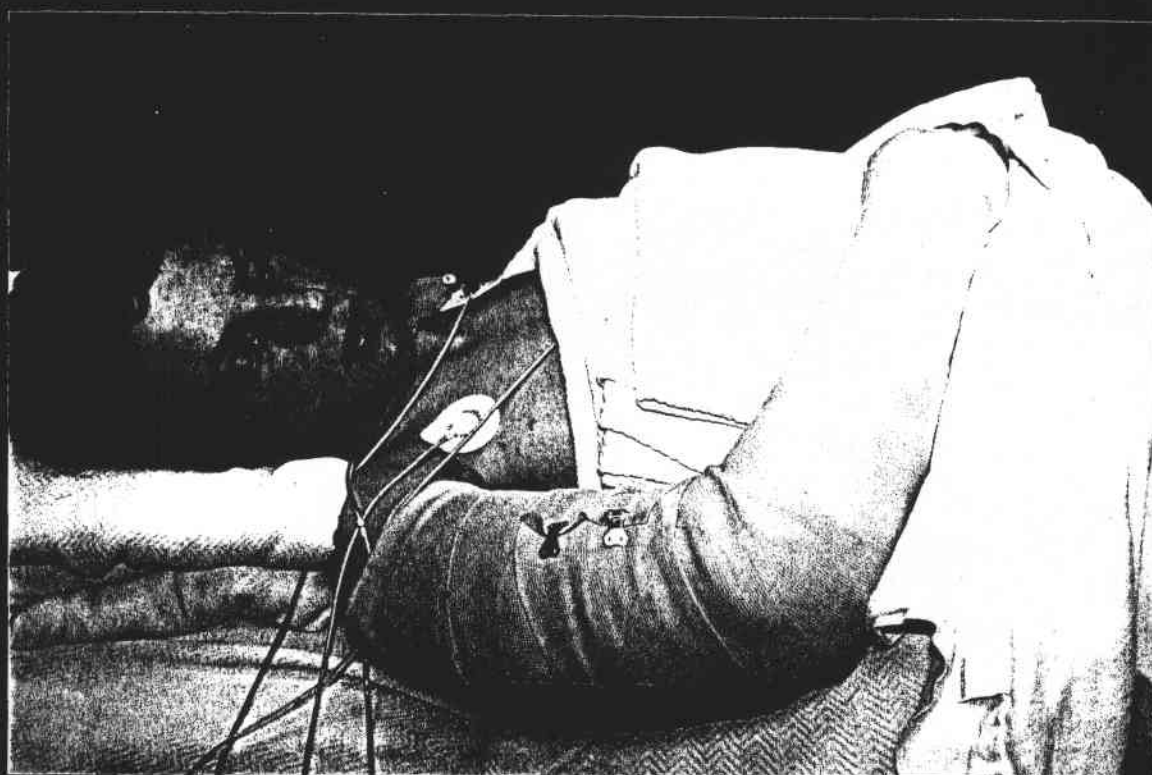
Diagram

Available from District Clerk upon request.

PENGAD-Bayonne, N. J.

12-10-02

STATES
EXHIBIT



STATE'S EXHIBIT NO. 19

4 Mounted Photos

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 20

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 21

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 22

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 23

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 24

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 25

Photo

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 26

Shot Cup

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 26A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 27

Fired Shotgun Shell

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 27A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 28

Plastic Shot Cup

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 28A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 29

Plastic Shot Cup

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 29A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 30

Fired Shotgun Shell

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 30A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 31

Circular Plastic

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 31A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32A

Bullet

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32B

Bullet

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32C

Bullet

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32D

Bullet

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 32E

Shotgun Shell

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 33

Bulet Jacket

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 33A

Envelope

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 34

Videotape

Available from District Clerk upon request.

576 2978 0P8 00000985 TEN 78 TR# 02643

12GA 00	0029465001215	3.94 J
12GA RSLUG	0029465009915	2.64 J
	SUBTOTAL	6.58
SALES TAX 1		0.54
	TOTAL	7.12
	CASH TEND	10.00
	CHANGE DUE	2.88
TC# 8757 5642 5701 7709 1703		
02/21/02	20:36:58	

8:36 pm

PREM BUCK 12GA 3 00 00BUCK
\$3.94

PREM BUCK 12GA 3 00 00BUCK
2946500121
WRX
P159 00LM
004537051 10

RIFLED SLUG 2 3/4 1 OZ
\$2.64

RIFLED SLUG 2 3/4 1 OZ
2946500991
WRX
P127 00LM
004537030 10

PERCAD-Bayonne, N. J.
STATE'S EXHIBIT
35

STATE'S EXHIBIT NO. 36

Rifle

Available from District Clerk upon request.

STATE'S EXHIBIT NO. 36A

Wrapping

Available from District Clerk upon request.



PENGAD-Bayonne, N. J.

STATE'S
EXHIBIT

37



FORT WORTH INDEPENDENT SCHOOL DISTRICT
Fort Worth, Texas
ELEMENTARY SCHOOL REPORT CARD
Superintendent of Schools, Dr. Don R. Roberts

GAINES

BARTON

Teacher: HOLIDAY

R

123

Grade: 02

ID.: #

School:

WESTCREEK ELEM

School Year: 1990-91 Report Period: 6

Principal: C. EARL NANCE

SEMESTERS	Fall			Spring			Year's Avg.	CONDUCT	Y Indicates Desirable Behavior N Indicates Undesirable Behavior					
Reporting Periods	1	2	3	4	5	6		Reporting Periods	1	2	3	4	5	6
Mathematics	80	90	90	90	90	85	88	Uses Self Control.	N	Y	N	N	N	N
Reading*	80	85	80	90	80	80	83	Talks at Appropriate Times.	Y	Y	Y	N	N	N
Composition and Language*	85	88	82	70	75	85	81	Obeys School Rules.	Y	Y	Y	Y	Y	Y
Average Language Arts							82	Respects Authority.	Y	Y	Y	Y	Y	Y
Social Studies	92	92	92	80	95	88	90	Works and Plays Well With Others.	Y	Y	Y	Y	Y	Y
Science	85	98	88	90	91	90	90	Uses Acceptable Language.	Y	Y	Y	Y	Y	Y
Overall Year's Average							86	CONDUCT GRADE	S	E	S	S	S	S
Spelling	S	S	S	S	S	N	S	Year's Average						S
Handwriting	E	E	E	S	S	S	E							
Health Education	E	E	E	E	E	E	E							
Physical Education	E	E	E	E	E	E	E							
Art	E	E	E	E	E	E	E							
Music	E	E	E	E	E	E	E							

ATTENDANCE														
SEMESTERS	Fall			Spring			Year's Total	Reporting Periods	1	2	3	4	5	6
Reporting Periods	1	2	3	4	5	6		Listens Attentively.	N	Y	Y	N	Y	Y
Days Present	28	30	25	7	23	27	140	Follows Directions.	N	Y	Y	Y	Y	Y
Used Absences	1		3	4	7		15	Has Supplies and Cares for Materials.	Y	Y	Y	Y	Y	Y
Excused Absences								Uses Time Wisely.	Y	Y	Y	Y	Y	Y
								Completes Assignments.	Y	Y	N	Y	Y	Y
								Does Neat Work.	Y	Y	Y	Y	Y	Y

EXPLANATION OF GRADES

91-100 Outstanding Progress
81-90 Good Progress
70-80 Satisfactory Progress
69 & Below Failing

E = Excellent
S = Satisfactory
N = Needs Improvement
U = Unsatisfactory

PROMOTION STANDARDS

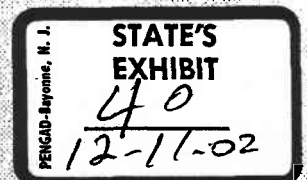
(All Must Be Met)

- Overall Average of 70 or Above
- Language Arts of 70 or Above
- Mathematics Average of 70 or Above
- Attendance: 160 days. Fewer days must have committee approval.

X Promoted
— Retained
— Alternatively Placed

* Listening and speaking are skills integrated into reading and writing processes.

MESSAGE TO PARENTS



The 1991-92 school year begins Monday, August 26, 1991.

Parent's Signature: _____

Date: _____

Comments on Back

FORT WORTH INDEPENDENT SCHOOL DISTRICT
3210 WEST LANCASTER
FORT WORTH, TEXAS 76107-3091

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE
PAID
ONE OUNCE
Permit No. 2758

SCHOOL 178

TO THE PARENTS OF:

BARTON GAINES
7429 SOUTH MEADOW DR
FORT WORTH TX 76133

JUNE, 1991

Dear Parent or Guardian:

Printed on the other side of this page is your child's test report card for this school year. The Fort Worth Independent School District had a highly successful year in which the overall academic achievement and attendance of students have improved.

In addition to the report on academic grades, a performance report in graph form is provided for those students in grades two, four, and five who took the Iowa Test Basic Skills. Summary information to help you interpret this bar graph data is also provided. Should you need additional help in interpreting the scores, please call the school principal.

Sincerely,

Dr. Don R. Roberts
Superintendent of Schools

EXPLANATION OF TEST SCORE DATA

Your student's scores on the Iowa Test of Basic Skills recently taken have been placed on this graph. The graph shows you how well the student did on the test in comparison with other students at the same grade level throughout the country who took the same test.

The test had several parts, and a score was given for each part. The graph shows you the areas in which your student is the strongest and the areas in which he/she is the weakest.

The percentile score shows what percentage of students at the same grade level across the country scored no higher than your student scored. For example, if one of your student's percentile scores is 60, your student scored better than 60 percent of the students in the same grade throughout the country who took the test. In other words, your student scored better than 60 out of every 100 students who took the test.

The stanine score tells you your student's level of performance. A stanine score of 4, 5, or 6 shows that your student is within the average range of scores for the test. Stanines 1, 2, and 3 indicate the student's level of performance was weak. Stanines 7, 8, and 9 indicate a stronger, or above average performance.

GAINES		BARTON		178451597339		02WESTCREEK ELEM																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
STUDENT NAME		STUDENT NUMBER		GRADE		SCHOOL NAME																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
IOWA TESTS OF BASIC SKILLS FMG-LV8-GR 2						NATIONAL		04/91																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
TEST NAME						TYPE OF NORMS		DATE TESTED																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
TEST PART		PERCENTILES		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
LISTENING		2 %		***																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					

FORT WORTH INDEPENDENT SCHOOL DISTRICT
Fort Worth, Texas
ELEMENTARY SCHOOL REPORT CARD
Superintendent of Schools, Dr. Don R. Roberts

Name: GAINES

BARTON

Teacher: PRUITT

C 109

Grade: 03

School: WESTCREEK ELEM

School Year: 1991-92 Reporting Period: 4

Principal: C. EARL NANCE

SEMESTERS		Fall			Spring			Year's Avg.	CONDUCT		Y Indicates Desirable Behavior, N Indicates Needs Improvement.					
Reporting Periods		1	2	3	4	5	6		Reporting Periods		1	2	3	4	5	6
Mathematics		77	80	82	80				Reporting Periods		1	2	3	4	5	6
Reading*		80	80	80	80				Uses Self Control.		Y	Y	Y	Y		
Composition and Language*		80	80	80	75				Talks at Appropriate Times.		N	N	N	N		
		Average Language Arts							Obeyes School Rules.		Y	Y	Y	Y		
Social Studies		81	81	80	75				Respects Authority.		Y	Y	Y	Y		
Science		82	82	79	75				Works and Plays Well With Others.		Y	Y	Y	Y		
		Overall Year's Average							Uses Acceptable Language.		Y	Y	Y	Y		
Spelling		S	S	N	S				CONDUCT GRADE		S	S	S	S		
Handwriting		S	S	S	S				Year's Average							
Health Education		S	S	S	S				WORK AND STUDY HABITS Y Indicates Desirable Behavior, N Indicates Needs Improvement.							
Physical Education		S	S	S	S											
Art		E	E	S	E											
Music		E	E	S	E											
		ATTENDANCE							Reporting Periods		1	2	3	4	5	6
SEMESTERS		Fall			Spring			Year's Total	Listens Attentively.		N	N	N	N		
Reporting Periods		1	2	3	4	5	6		Follows Directions.		N	N	N	N		
Days Present		28	28	28	24				Has Supplies and Cares for Materials.		Y	Y	Y	Y		
Excused Absences		1	2	4	4				Uses Time Wisely.		Y	Y	Y	Y		
Unexcused Absences									Completes Assignments.		Y	Y	Y	Y		
									Does Neat Work.		Y	Y	Y	Y		

EXPLANATION OF GRADES		PROMOTION STANDARDS	
<p>91-100 Outstanding Progress</p> <p>81 - 90 Good Progress</p> <p>70 - 80 Satisfactory Progress</p> <p>69 & Below Failing</p> <p>E - Excellent</p> <p>S - Satisfactory</p> <p>N - Needs Improvement</p> <p>U - Unsatisfactory</p> <p>* Listening and speaking are skills integrated into reading and writing processes.</p>	<p>(All Must Be Met.)</p> <p>Overall Year's Average of 70 or Above</p> <p>Average Language Arts of 70 or Above</p> <p>Mathematics Average of 70 or Above</p> <p>Attendance: 160 days. Fewer days must have committee approval.</p> <p>____ Promoted</p> <p>____ Retained</p> <p>____ Alternatively Placed</p>		

MESSAGE TO PARENTS	
<p>We appreciate your home support.</p>	

Sign and return yellow-striped Report Card. Orange-striped Report Card is Parent Copy.

Parent's Signature: _____ Date: _____

Comments on Back

EXPLANATION OF MARKS

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, Music, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special service resource teachers and/or working on an I.E.P. (Individual Educational Plan) have the numerical scale converted to letter equivalents.

Letter
P - Passing
F - Failing
Numerical Grade
70-100
69-0

Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

SUBJECT		REPORTING PERIOD								
		1	2	3	Sem. Avg.	4	5	6	Sem. Avg.	Year Avg.
L A A N N R U U A T T S A G E	Reading							56	72	76
	Language							42	66	73
	Spelling							51	70	73
	Lang. Arts Grade Avg.							55	69	74
	Math							57	72	76
	Social Studies							43	68	75
	Science							70	72	77
	Health							12	N	N
	Penmanship							12	N	N
	Art							5	S	S
	Classroom Citizenship							12	N	N
	Physical Education							5	S	S
	Citizenship							5	S	S
	Music									
	Citizenship							5	S	S
								2	F	2

Only semester and yearly averages will be placed on cumulative record.

NAME

Denton Charles

GRADE

3

YEAR

91-92

Reporting Period

	1	2	3	4	5	6
Days Absent						<i>0</i>
Days Tardy						<i>0</i>

X Means NEEDS IMPROVEMENT

SOCIAL DEVELOPMENT

	1	2	3	4	5	6
Displays a positive attitude						
Respects authority						X
Assumes responsibility						X
Cooperative						X
Talks at appropriate times						X
Practices self-control (i.e. cafeteria, halls and bathroom)						X

WORK HABITS

	1	2	3	4	5	6
Practices good listening habits						X
Follows directions						X
Uses time wisely						X
Completes work on time						X
Thinks and works independently						X
Exhibits neatness of work						X

TEACHER COMMENTS

-
-
-
-
-

*Student is typical 3rd grade below grade level
Overall 3rd grade level*

JACKIE CARMON ELEMENTARY

NAME Bart Gaines 3rd Grade 1992-1993

GRADE Third

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special resource teachers and/or working on an I.E.P. (Individual Education Plan) have the numerical scale converted to letter equivalents.

Letter
P - Passing
F - Failing

Numerical Grade
70-100
69-0

Music and Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

SUBJECT	REPORTING PERIOD						Sem. Avg.	Year Avg.
	1	2	3	4	5	6		
Reading	88	86						
Language	83	76						
Spelling	80	72						
Lang. Arts	80	75						
Grade Avg.								
Math	88	89						
Social Studies	80	89						
Science	92	90						
Health	S	S						
Penmanship	S	S						
Art	S	S						
Classroom Citizenship	S	S						
Physical Education	S	S						
Citizenship	S	S						
Music	S	S						
Citizenship	E	E						

X Means NEEDS IMPROVEMENT

Days Absent	Reporting Period					
	1	2	3	4	5	6
Days Tardy		1				

Displays a positive attitude	SOCIAL DEVELOPMENT					
	1	2	3	4	5	6
Respects authority						
Assumes responsibility		X				
Cooperative		X				
Talks at appropriate times		X				
Practices self-control (i.e. cafeteria, halls and bathroom)		X				

Practices good listening habits	WORK HABITS					
	1	2	3	4	5	6
Follows directions						
Uses time wisely						
Completes work on time		X				
Thinks and works independently						
Exhibits neatness of work						

TEACHER COMMENTS

1. * Thanks for your hard work.

2. _____

3. _____

4. _____

5. _____

6. _____

EXPLANATION OF MARKS

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, Music, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special service resource teachers and/or working on an I.E.P. (Individual Educational Plan) have the numerical scale converted to letter equivalents.

Letter
P - Passing
F - Failing
Numerical Grade
70-100
69-0

Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

SUBJECT	REPORTING PERIOD						Sem. Avg.	Year Avg.
	1	2	3	4	5	6		
Reading	88	86	85	86	85	87	85	86
Language	83	76	81	73	73	81	84	79
Spelling	90	92	90	91	87	92	88	90
Lang. Arts Grade Avg.	80	85	85	85	81	87	84	84
Math	88	86	82	85	91	93	89	87
Social Studies	80	87	80	82	92	87	88	85
Science	92	90	80	87	86	91	89	88
Health	S	S	S	S	S	S	S	S
Penmanship	S	S	S	S	S	S	S	S
Art	S	S	S	S	S	S	S	S
Classroom Citizenship	S	S	S	S	S	S	S	S
Physical Education	S	S	S	S	S	S	S	S
Citizenship	E	E	S	S	N	S	N	S
Music	S	S	S	S	S	S	S	S
Citizenship	E	E	E	E	E	E	E	E

NAME

1992-1993
BARTON GAINES

GRADE

3

	Reporting Period					
	1	2	3	4	5	6
Days Absent	0	1	2	2	0	
Days Tardy	0	0	0	0	0	

X Means NEEDS IMPROVEMENT

	SOCIAL DEVELOPMENT					
	1	2	3	4	5	6
Displays a positive attitude						
Respects authority					X	X
Assumes responsibility			X	X	X	X
Cooperative					X	X
Talks at appropriate times			X	X	X	X
Practices self-control (i.e. cafeteria, halls and bathroom)				X	X	X

	WORK HABITS					
	1	2	3	4	5	6
Practices good listening habits						
Follows directions						
Uses time wisely				X	X	X
Completes work on time					X	X
Thinks and works independently						X
Exhibits neatness of work						

TEACHER COMMENTS

1. *Handwritten comment*
2. *Handwritten comment*
3. *Handwritten comment*
4. *Handwritten comment*
5. *Handwritten comment*
6. *Handwritten comment*

TEXAS ASSESSMENT OF ACADEMIC SKILLS **CONFIDENTIAL STUDENT REPORT**

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS): [REDACTED]

LOCAL-STUDENT-ID: 0000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: HELEN HAYS

DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 105 JACKIE CARDEN EL

REPORT DATE: NOVEMBER 1992

DATE OF TESTING: SEPTEMBER 1992

GRADE: 03

THIS REPORT PROVIDES YOU WITH RESULTS FROM THE TEXAS ASSESSMENT OF ACADEMIC SKILLS PROGRAM. THESE RESULTS ARE DESIGNED TO HELP PARENTS, EXAMINEES, AND TEACHERS IDENTIFY EXAMINEES' STRENGTHS AND WEAKNESSES IN WRITING, READING, AND MATHEMATICS.

WRITING			MET MINIMUM EXPECTATIONS:	PERFORMANCE REQUIREMENTS
WRITTEN COMMUNICATION	OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	NO	MINIMUM EXPECTATIONS SCALE SCORE: 1500 and WRITTEN COMPOSITION 2, 3, or 4
NARRATIVE WRITTEN COMPOSITION RATING: 2				OBJECTIVE MASTERY
SENTENCE CONSTRUCTION	YES	6/8		OBJ. 1-4 COMPOSITION: 3 or 4
GRAMMAR USAGE	YES	6/6		OBJ. 5,7: 6/8
SPELLING, CAPITALIZATION, AND PUNCTUATION	NO	2/8		OBJ. 6: 5/6
TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED: 2		TOTAL ITEMS: 14/22	SCALE SCORE: 1460	
READING			MET MINIMUM EXPECTATIONS:	MINIMUM EXPECTATIONS
READING COMPREHENSION	OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	YES	SCALE SCORE: 1500
WORD MEANING	NO	5/8		OBJECTIVE MASTERY
SUPPORTING IDEAS	YES	10/10		OBJ. 1: 6/8
SUMMARIZATION	YES	4/5		OBJ. 2: 8/10
RELATIONSHIPS AND OUTCOMES	YES	4/4		OBJ. 3: 4/5
INFERENCES AND GENERALIZATIONS	YES	4/4		OBJ. 4-6: 3/4
POINT OF VIEW, PROPAGANDA, AND FACT AND NONFACT	YES	4/4		
TOTAL OBJECTIVES MASTERED: 5		TOTAL ITEMS: 31/35	SCALE SCORE: 1680	
MATHEMATICS			MET MINIMUM EXPECTATIONS:	MINIMUM EXPECTATIONS
NUMBER CONCEPTS	OBJECTIVE MASTERY	ITEMS CORRECT/TESTED	YES	SCALE SCORE: 1500
NUMBER CONCEPTS	YES	4/4		OBJECTIVE MASTERY
ALGEBRAIC/MATHEMATICAL RELATIONS AND FUNCTIONS	YES	4/4		OBJ. 1-12: 3/4
GEOMETRIC PROPERTIES AND RELATIONSHIPS	YES	4/4		
MEASUREMENT CONCEPTS	NO	2/4		
PROBABILITY AND STATISTICS	YES	4/4		
OPERATIONS				
USE OF ADDITION TO SOLVE PROBLEMS	YES	3/4		
USE OF SUBTRACTION TO SOLVE PROBLEMS	YES	3/4		
USE OF MULTIPLICATION/DIVISION TO SOLVE PROBLEMS	YES	4/4		
PROBLEM SOLVING				
PROBLEM SOLVING: ESTIMATION/REASONABLENESS	YES	3/4		
PROBLEM SOLVING USING SOLUTION STRATEGIES	YES	3/4		
PROBLEM SOLVING USING MATHEMATICAL REPRESENTATION	YES	3/4		
TOTAL OBJECTIVES MASTERED: 10		TOTAL ITEMS: 37/44		SCALE SCORE: 1650

66-00421-00886

TOTAL OBJECTIVES MASTERED: 10

TOTAL ITEMS: 37/44

SCALE SCORE: 1650

YOU SHOULD CONTACT THE SCHOOL DISTRICT TO WHICH YOUR RESULTS WERE SENT IF YOU DESIRE FURTHER EXPLANATION.

NORM-REFERENCED ASSESSMENT PROGRAM FOR TEXAS

CONFIDENTIAL STUDENT REPORT

STUDENT: GAINES BARTON
 DATE OF BIRTH: 10/25/82
 STUDENT-ID (PEIMS):

DISTRICT: 220-912 CROWLEY ISD
 CAMPUS: 101 BESS RACE EL
 GROUP: ROBISON
 LOCAL-STUDENT-ID: 0000016855

DATE OF TESTING: APRIL 1993
 BASE NORMS: SPRING 1992
 GRADE: 3

TESTS	Total Of Items Attempted	Number Correct	National PR	NATIONAL PERCENTILE RANK				
				LOW 1	10	25	AVG 50	HIGH 75 90 99
Reading Comprehension	36	31	17	28				
Mathematics: Concepts & Estimation	52*	52*	39*	60				
Problem Solving & Data Interpretation	24	24	16	58				
Total Mathematics				59				
Composite: Reading, Mathematics				41				
Language	34	34	16	26				
Composite: Reading, Mathematics, and Language				35				
* weighted score								

INTERPRETATION OF STUDENT'S SCORES

The composite score for reading and mathematics for this student is in the middle range for this grade, which means the student's performance on both subject area tests combined is well within the average range.

The reading comprehension score is somewhat below average for this grade.

In mathematics, the total score is in the average range for this grade.

The language score is somewhat below average for this grade.

Scores on standardized tests are only one indicator of a student's overall success in school. For a complete picture of a student's performance, it is important to look at many other kinds of information as well. The school can provide additional information about the student's academic progress.

HIGHER ORDER THINKING SKILLS

There is a separate higher order thinking skills score for each of the subject areas tested in NAPT. Higher order thinking skills involve thought processes that are more complex than mere recall of information or simple comprehension. Items that measure higher order thinking skills usually involve the use of two or more pieces of information to interpret, infer, classify, analyze, or compare. The student's higher order thinking skills scores are shown below.

	Number of Items Attempted	Number of Items Correct	Natl Mean No. Correct
Reading	22	17	10
Mathematics	26	26	17
Language	17	17	6
Social Studies	16		
Science	15		

Printed by The Psychological Corporation. Norms and proprietary test information are the property of The Riverside Publishing Company.

Bessie Elementary 4th Grade EXPLANATION OF MARKS

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S - Satisfactory
N - Needs Improvement
U - Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special resource teachers and/or working on an I.E.P. (Individual Education Plan) have the numerical scale converted to letter equivalents.

Letter
P - Passing
F - Failing

Numerical Grade
70-100
69-0

Music and Citizenship: E-Excellent, N-Needs Improvement;
S-Satisfactory; U-Unsatisfactory

SUBJECT	REPORTING PERIOD						Sem. Avg.	Year Avg.
	1	2	3	4	5	6		
Reading	66	90	84	89	89	84	87	84
Language	85	84	88	78	90	86	85	86
Spelling	84	78	93	91	87	95	91	88
Lang. Arts Grade Avg.	78	86	88	86	89	88	88	86
Math	80	93	90	78	87	83	83	86
Social Studies	82	91	86	93	88	87	89	88
Science	73	87	81	76	80	80	79	80
Health	S	N	S	N	S	S	S	S
Penmanship	N	S	S	N	N	S	N	S
Art	S	S	S	S	S	S	S	S
Classroom Citizenship	S	N	N	N	N	S	N	N
Physical Education	N	S	S	N	S	S	S	S
Citizenship	N	S	S	N	S	N	N	S
Music	S	S	S	S	S	N	S	S
Citizenship	S	E	E	E	E	S	E	E

Only semester and yearly averages will be placed on cumulative record

NAME 1993-1994
Bart Sains
GRADE 4

	Reporting Period					
	1	2	3	4	5	6
Days Absent	0	1	0	1	3	
Days Tardy	1	2	2	3	0	

X Means NEEDS IMPROVEMENT

	SOCIAL DEVELOPMENT					
	1	2	3	4	5	6
Displays a positive attitude						
Respects authority						
Assumes responsibility	X	X			X	
Cooperative						
Talks at appropriate times						
Practices self-control (i.e. cafeteria, halls and bathroom)	X	X	X	X	X	

WORK HABITS

	1	2	3	4	5	6
Practices good listening habits	X	X	X	X	X	X
Follows directions	X	X	X	X	X	X
Uses time wisely	X					
Completes work on time	X	X				
Thinks and works independently	X	X				
Exhibits neatness of work	X			X	X	X

TEACHER COMMENTS

- Has difficulty in oral division
- Has shown a good attitude about trying to improve work habits
- Has shown improvement in work habits
- Thoughtless actions get him in trouble
- Needs consistent supervision
- Improved in work habits and



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

Page 1 of 2

NAME: BARTON R. GAINES
STUDENT-ID(PEIMS): [REDACTED]
LOCAL-STUDENT-ID: 000016855
DATE OF BIRTH: 10/25/82
CLASS GROUP: FALZARANO
DISTRICT: 220-912 CROWLEY ISD
CAMPUS: 101 BESS RACE EL
REPORT DATE: JUNE 1994
DATE OF TESTING: SPRING 1994
GRADE: 04

WRITING		READING		MATHEMATICS	
WRITTEN COMMUNICATION 1-4. Narrative Written Composition Rating: 2 NO		READING COMPREHENSION 1. Word Meaning 2. Supporting Ideas 3. Summarization 4. Relationships and Outcomes 5. Inferences and Generalizations 6. Point of View, Propaganda, and Fact and Nonfact		CONCEPTS 1. Number Concepts 2. Algebraic/Mathematical Relations and Functions 3. Geometric Properties and Relationships 4. Measurement Concepts 5. Probability and Statistics 6. Use of Addition to Solve Problems 7. Use of Subtraction to Solve Problems 8. Use of Multiplication to Solve Problems 9. Use of Division to Solve Problems 10/13. Problem Solving: Estimation/Reasonableness 11. Problem Solving Using Solution Strategies 12. Problem Solving Using Mathematical Representation	
TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED: 2		TOTAL OBJECTIVES MASTERED: 1		TOTAL OBJECTIVES MASTERED: 6	
ITEMS: 23/28		ITEMS: 17/40		ITEMS: 32/50	
YES 9/10 YES 7/8 NO 7/10		YES 5/6 NO 4/8 NO 2/6 NO 1/6 NO 4/10 NO 1/4		YES 4/4 NO 2/4 YES 4/4 YES 4/4 YES 4/4 NO 2/4 YES 3/4 NO 2/4 NO 2/4 NO 3/6 YES 3/4 NO 0/4	
OBJECTIVE MASTERY* CORRECT/TESTED		OBJECTIVE MASTERY* CORRECT/TESTED		OBJECTIVE MASTERY* CORRECT/TESTED	
PERFORMANCE STANDARD: Scale Score of 1500 and Written Composition of 2, 3, or 4		PERFORMANCE STANDARD: Texas Learning Index of 4-70		PERFORMANCE STANDARD: Texas Learning Index of 4-70	
TEST RESULTS: Met Minimum Expectations: YES Scale Score: 1540		TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 4-50		TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 4-61	



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

Page 2 of 2

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS): [REDACTED]

LOCAL-STUDENT-ID: 000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: FALZARANO

DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 101 BESS RACE EL

REPORT DATE: JUNE 1994

DATE OF TESTING: SPRING 1994

GRADE: 04

SCIENCE	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	Benchmark Year - No Performance Standards Established
ACQUIRING/CLASSIFYING INFORMATION			
1. Acquire Data	YES	4/4	
2. Classify Information	YES	4/4	
COMMUNICATING/INTERPRETING INFORMATION			
3. Communicate Data	YES	4/4	
4. Interpret Data	YES	3/4	
5. Infer, Generalize, Predict	YES	3/4	
SOLVING PROBLEMS - INVESTIGATING			
6. Conduct Investigations	YES	3/4	
7. Draw Conclusions	NO	2/4	
SOLVING PROBLEMS - APPLYING KNOWLEDGE			
8. Apply Knowledge	YES	3/4	
TOTAL OBJECTIVES MASTERED: 7	TOTAL ITEMS:	26/32	
SOCIAL STUDIES	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	Benchmark Year - No Performance Standards Established
UNDERSTANDING CONCEPTS			
1/3. Civic Rights and Responsibilities/ American and Other Political Systems	YES	6/6	
2. American and Other Economic Systems	YES	4/4	
4. Geographical Concepts and Information	NO	1/4	
5. Historical Concepts and Information	YES	3/4	
6. Sociological and Cultural Factors	YES	3/4	
EVALUATING CONCEPTS			
7. Interpret Social Studies Data	YES	3/4	
9. Analyze Relationships in Social Studies/ Make Generalizations/Draw Inferences, Conclusions	NO	4/6	
10. Use Problem-solving/Decision-making Skills	YES	3/4	
DOCUMENT NO. 4042-03618-03379	TOTAL OBJECTIVES MASTERED: 6	TOTAL ITEMS: 27/36	

EXPLANATION OF MARKS

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special resource teachers and/or working on an I.E.P. (Individual Education Plan) have the numerical scale converted to letter equivalents.

Letter
P - Passing
F - Failing
Numerical Grade
70-100
69-0

Music and Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

SUBJECT	REPORTING PERIOD						Sem. Avg.	Year Avg.
	1	2	3	4	5	6		
LANGUAGES	Reading	91	79	80	83	85	85	82
	Language	83	85	82	83	71	82	82
	Spelling	80	84	84	83	79	75	80
	Lang. Arts Grade Avg.	85	83	82	83	78	77	81
MATH	Math	85	79	92	85	78	78	82
	Social Studies	81	83	84	83	81	80	82
	Science	89	88	88	88	91	90	90
	Health	5	N	5	5	5	5	5
ARTS	Penmanship	N	N	N	N	N	N	N
	Art	5	5	5	5	5	5	5
	Classroom Citizenship	E	5	5	5	5	5	5
	Physical Education	N	N	N	N	N	N	N
CITIZENSHIP	Citizenship	IL	N	U	U	N	5	N
	Music	5	5	N	5	N	5	5
	Citizenship	E	5	E	E	N	5	5

Only semester daily averages will be placed on cumulative record.

NAME

Bart Gaines

GRADE

5TH

Bess Rae Clements

1994-1995

	Reporting Period					
	1	2	3	4	5	6
Days Absent	0	3	0	2	3	0
Days Tardy	0	0	0	1	0	0

X Means NEEDS IMPROVEMENT

	SOCIAL DEVELOPMENT					
	1	2	3	4	5	6
Displays a positive attitude						
Respects authority						
Assumes responsibility						
Cooperative						
Talks at appropriate times						
Practices self-control (i.e. cafeteria, halls and bathroom)			X	X		X

	WORK HABITS					
	1	2	3	4	5	6
Practices good listening habits		X				
Follows directions	X	X				
Uses time wisely	X					
Completes work on time				X		
Thinks and works independently		X	X			
Exhibits neatness of work	X	X	X	X	X	X

TEACHER COMMENTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS): [REDACTED]

LOCAL-STUDENT-ID: 000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: PIPES



DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 101 BESS RACE EL

REPORT DATE: JUNE 1995

DATE OF TESTING: SPRING 1995

GRADE: 05

READING		OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 5-70
READING COMPREHENSION				TEST RESULTS: Met Minimum Expectations: YES Texas Learning Index: 5-82
1. Word Meaning	NO	4/6		
2. Supporting Ideas	YES	5/6		
3. Summarization	YES	5/6		
4. Relationships and Outcomes	YES	6/6		
5. Inferences and Generalizations	YES	11/12		
6. Point of View, Propaganda, and Fact and Nonfact	NO	2/4		
TOTAL OBJECTIVES MASTERED: 4		TOTAL ITEMS: 33/40		
MATHEMATICS		OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 5-70
CONCEPTS				TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 5-63
1. Number Concepts	YES	4/4		
2. Algebraic/Mathematical Relations and Functions	YES	3/4		
3. Geometric Properties and Relationships	YES	3/4		
4. Measurement Concepts	YES	4/4		
5. Probability and Statistics	NO	2/4		
OPERATIONS				
6. Use of Addition to Solve Problems	YES	3/4		
7. Use of Subtraction to Solve Problems	NO	0/4		
8. Use of Multiplication to Solve Problems	NO	1/4		
9. Use of Division to Solve Problems	YES	4/4		
PROBLEM SOLVING				
10. Problem Solving Using Estimation	YES	4/4		
11. Problem Solving Using Solution Strategies	YES	3/4		
12. Problem Solving Using Mathematical Representation	NO	1/4		
13. Evaluation of the Reasonableness of a Solution	YES	3/4		
DOCUMENT NO. 6272-08642		TOTAL ITEMS: 35/52	TOTAL OBJECTIVES MASTERED: 9	

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 5/6, or 9/12 items.

EXPLANATION OF MARKS

All grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Grades are based on modified curriculum/instruction

Music and Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

SUBJECT	REPORTING PERIOD						Sem. Avg.	Year Avg.
	1	2	3	4	5	6		
Reading	76	70	85	77	75	86	82	81
Language	72	71	78	74	70	70	77	76
Spelling	50	76	75	67	90	91	90	79
Lang. Arts Grade Avg.	66	72	79	73	86	82	81	78
Math	76	75	76	76	81	73	75	76
Social Studies	73	75	72	73	80	79	78	73
Science	82	92	78	84	63	77	67	77
Health	S	S	S	S	S	S	S	S
Penmanship	S	S	S	S	S	S	S	S
Art	S	S	S	S	S	S	S	S
Classroom Citizenship	S	S	S	S	S	S	S	S
Physical Education	S	N	S	S	S	N	S	S
Citizenship	S	S	S	S	S	N	S	S
Music	S	S	S	S	S	N	S	S
Citizenship	S	S	S	S	S	S	S	S

NAME

Boat Guines

GRADE

6-4000

Deer Creek ELEMENT

Reporting Period

1995-1996

	1	2	3	4	5	6
Days Absent	0	2	0	1	0	3
Days Tardy	6	5	3	3	6	0

X Means NEEDS IMPROVEMENT

	1	2	3	4	5	6
Displays a positive attitude						
Respects authority						
Assumes responsibility						
Cooperative						
Talks at appropriate times						
Practices self-control (i.e. cafeteria, halls and bathroom)						

	1	2	3	4	5	6
Practices good listening habits						
Follows directions						
Uses time wisely						
Completes work on time	X	X	X	X	X	X
Thinks and works independently						
Exhibits neatness of work						

TEACHER COMMENTS

1. Keep working hard!
2. Turn in all of your work!
3. Make sure all your assignments are completed and turned in.
4. Have a super summer!
5. Have a super summer!
6. Have a super summer!





TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: BARTON R. GAINES

DISTRICT: 220-912 CROWLEY ISD

STUDENT-ID(PEIMS): [REDACTED]

CAMPUS: 103 DEER CREEK EL

LOCAL-STUDENT-ID: 000016855

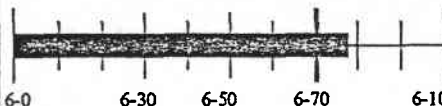
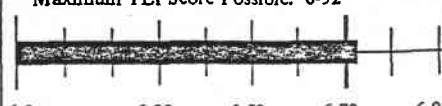
REPORT DATE: MAY 1996

DATE OF BIRTH: 10/25/82

DATE OF TESTING: SPRING 1996

CLASS GROUP: J CHOATE

GRADE: 06

READING	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 6-70
READING COMPREHENSION			TEST RESULTS: Met Minimum Expectations: YES Texas Learning Index: 6-78
1. Word Meaning	YES	3/4	
2. Supporting Ideas	YES	3/4	Maximum TLI Score Possible: 6-100 
3. Summarization	NO	4/6	
4. Relationships and Outcomes	NO	4/6	
5. Inferences and Generalizations	YES	11/14	
6. Point of View, Propaganda, and Fact and Nonfact	NO	4/6	
TOTAL OBJECTIVES MASTERED: 3			
TOTAL ITEMS: 29/40			
MATHEMATICS			PERFORMANCE STANDARD: Texas Learning Index of 6-70
CONCEPTS			TEST RESULTS: Met Minimum Expectations: YES Texas Learning Index: 6-73
1. Number Concepts	YES	4/4	
2. Algebraic/Mathematical Relations and Functions	YES	3/4	
3. Geometric Properties and Relationships	YES	3/4	
4. Measurement Concepts	YES	4/4	
5. Probability and Statistics	YES	3/4	
OPERATIONS			
6. Use of Addition to Solve Problems	NO	2/4	
7. Use of Subtraction to Solve Problems	YES	4/4	
8. Use of Multiplication to Solve Problems	YES	3/4	
9. Use of Division to Solve Problems	YES	3/4	
PROBLEM SOLVING			
10. Problem Solving Using Estimation	NO	2/4	
11. Problem Solving Using Solution Strategies	NO	3/6	
12. Problem Solving Using Mathematical Representation	NO	4/6	
13. Evaluation of the Reasonableness of a Solution	YES	3/4	Maximum TLI Score Possible: 6-92 
DOCUMENT NO. 6596-08367			
TOTAL OBJECTIVES MASTERED: 9			
TOTAL ITEMS: 41/56			

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 5/6, or 11/14 items.

7th Grade

STUDENT REPORT CARD

PERIOD	SUBJECT	TEACHER	GRADE	EXAM	SEM	FINAL	COM	CITIZENSHIP	ASSGNT.	VID	1-100
1	READING 7	AYERS, MARY	1	77	73	74	41	100	44	3	100
2	ENGLISH 7	HOLDRIDGE, KIM	2	74	70	73	41	100	44	3	100
3	MATH 7	BELCHER, LINDA	3	78	71	70	3	100	44	3	100
4	SCIENCE I	MCCRODY, MICKI	4	80	67	73	3	100	44	3	100
5	BOYS P.E. 7	JONES, BRIAN	5	80	71	76	3	100	44	3	100
6	HOMECOMING 7-8	RYLE, SARA	6	83	79	80	3	100	44	3	100
7	ART 7-8	KEOUGHAN, PATRI	7	83	79	80	3	100	44	3	100
8	ADVISORY/HOMEROOM	NEELEY, BRANDON	8	83	79	80	3	100	44	3	100
9	TX HISTORY 7	NEELEY, BRANDON	9	83	79	80	3	100	44	3	100

NO SOCIAL PROMOTIONS: ATTENDANCE FOR GRADE BELOW 70 PER ATTENDANCE LESS THAN 80 DAYS PER SEMESTER	MARK PD.	SCHOOL ATT.	HOMEROOM	GRADE	STUDENT NAME AND ADDRESS	STUDENT ID
H. F. STEVENS MIDDLE SCHOOL	6	96 97	226	07	GAINES, EARTON RAY	

SDC SEC #:

GRADE SCALE	LEVEL	CITIZENSHIP	GENERAL ACADEMIC COMMENTS
70-100	PASSING	EXCELLENT	DOES NOT GIVE MAXIMUM EFFORT
60-69	FAILING	SATISFACTORY	FAILING; PARENT/TEACHER CONF REQUESTED
NC	MORE THAN 5 UNEXCUSED ABS.	NEEDS IMPROVEMENT	NICE JOB
**	UNEXCUSED ABS.	UNSATISFACTORY	FAILS TO COMPLETE WORK
NG	NO GRADE		



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS) [REDACTED]

LOCAL-STUDENT-ID: 000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: GUNN


DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 041 H F STEVENS MIDDLE

REPORT DATE: MAY 1997

DATE OF TESTING: SPRING 1997

GRADE: 07

READING	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 7-70
READING COMPREHENSION			TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 7-64
1. Word Meaning	YES	3/4	
2. Supporting Ideas	NO	1/4	Maximum TLI Score Possible: 7-98 
3. Summarization	YES	6/8	
4. Relationships and Outcomes	NO	2/7	
5. Inferences and Generalizations	YES	12/15	
6. Point of View, Propaganda, and Fact and Nonfact	NO	4/7	
TOTAL OBJECTIVES MASTERED: 3			
TOTAL ITEMS: 28/45			
MATHEMATICS			PERFORMANCE STANDARD: Texas Learning Index of 7-70
CONCEPTS			TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 7-66
1. Number Concepts	YES	3/4	
2. Algebraic/Mathematical Relations and Functions	YES	3/4	
3. Geometric Properties and Relationships	NO	2/4	
4. Measurement Concepts	NO	2/4	
5. Probability and Statistics	NO	1/4	
OPERATIONS			
6. Use of Addition to Solve Problems	NO	1/4	
7. Use of Subtraction to Solve Problems	NO	0/4	
8. Use of Multiplication to Solve Problems	NO	2/4	
9. Use of Division to Solve Problems	NO	2/4	
PROBLEM SOLVING			
10. Problem Solving Using Estimation	YES	3/4	
11. Problem Solving Using Solution Strategies	YES	6/7	
12. Problem Solving Using Mathematical Representation	YES	5/7	
13. Evaluation of the Reasonableness of a Solution	YES	4/4	
DOCUMENT NO. 6181-04704			
TOTAL OBJECTIVES MASTERED: 6			
TOTAL ITEMS: 34/58			

8th Grade

STUDENT REPORT CARD

PERIOD	STUDENT	TEACHER	1	2	3	EXAM	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1	MATH 8	CURRY, DEBBIE	82				71	70	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
2	SCIENCE II	SCHICKEDANZ, SH	84				82	77	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
3	COMPUTER LIT. 3	POKLUDA, DIANE	71				71	70	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
4	HEALTH	TUCKER, STACEY					71	70	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
5	U.S. HISTORY 8	FULLOCK, ANGIE	84				73	70	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
6	READING IMP. 8	HORTON, MALISA	76				73	70	72	78	70	74	74	74	74	74	74	74	74	74	74	74	74
7	ENGLISH 8	CHURCH, ROBIN	54				55	51	50	50	50	54	54	54	54	54	54	54	54	54	54	54	54
8	LIFE MAN SKILLS 7-8	GREEN, RONALD	70				15	64	64	0	0	22											
7	CAREER INV. 7-8	MCCULLOUGH, MAR	NG				NG	NG	NG	NG	NG												
8	ADVISORY/HOMEROOM		NG																				

NO SOCIAL PROMOTIONS: FAILURE FOR GRADE BELOW 70 OR ATTENDANCE LESS THAN 80 DAYS PER SEMESTER

SCHOOL: H. F. STEVENS MIDDLE SCHOOL

MARKED: 6

SCHOOL YR: 97 98

HOMEROOM / GRADE: 207

STUDENT NAME AND ADDRESS: GAINES, BARTON RAY JR.

STUDENT ID: 16855

GRADE SCALE

70-100 PASSING

0-69 FAILING

NC FAILING MORE THAN 5

* UNEXCUSED ABS.

NG NO GRADE

CITIZENSHIP

EXCELLENT

SATISFACTORY

NEEDS IMPROVEMENT

UNSATISFACTORY

GENERAL ACADEMIC COMMENTS

WORK IS IMPROVING

DOES NOT USE TIME TO ADVANTAGE

EXCESSIVE ABSENCES/TARDIES

A PLEASURE TO HAVE IN CLASS

DOES NOT GIVE MAXIMUM EFFORT

TAAS TEXAS ASSESSMENT OF ACADEMIC SKILLS **CONFIDENTIAL STUDENT REPORT**

Page 1 of 2

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS): [REDACTED]

LOCAL-STUDENT-ID: 0000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: GUNN

DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 041 H F STEVENS MIDDLE

REPORT DATE: MAY 1998

DATE OF TESTING: SPRING 1998

GRADE: 08

WRITING		OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Scale Score of 1500 and Written Composition of 2, 3, or 4
WRITTEN COMMUNICATION				TEST RESULTS: Met Minimum Expectations: NO Scale Score: 1430
1-4. Persuasive Written Composition Rating: 2				
5. Sentence Construction		YES	11/14	
6. English Usage		NO	7/12	
7. Use of Spelling, Capitalization, and Punctuation		NO	3/14	
TOTAL MULTIPLE-CHOICE OBJECTIVES MASTERED: 1		TOTAL ITEMS: 21/40		
READING		OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 8-70
READING COMPREHENSION				TEST RESULTS: Met Minimum Expectations: NO Texas Learning Index: 8-59
1. Word Meaning		NO	2/4	
2. Supporting Ideas		NO	2/4	
3. Summarization		NO	3/8	
4. Relationships and Outcomes		NO	4/8	
5. Inferences and Generalizations		NO	12/16	
6. Point of View, Propaganda, and Fact and Nonfact		NO	3/8	
TOTAL OBJECTIVES MASTERED: 0		TOTAL ITEMS: 26/48		Maximum TLI Score Possible: 8-99
MATHEMATICS		OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Texas Learning Index of 8-70
CONCEPTS				TEST RESULTS: Met Minimum Expectations: YES Texas Learning Index: 8-71
1. Number Concepts		YES	4/4	
2. Algebraic/Mathematical Relations and Functions		YES	3/4	
3. Geometric Properties and Relationships		YES	3/4	
4. Measurement Concepts		YES	3/4	
5. Probability and Statistics		YES	3/4	
OPERATIONS				
6. Use of Addition to Solve Problems		YES	4/4	
7. Use of Subtraction to Solve Problems		YES	3/4	
8. Use of Multiplication to Solve Problems		YES	3/4	
9. Use of Division to Solve Problems		NO	2/4	
PROBLEM SOLVING				
10. Problem Solving Using Estimation		YES	3/4	
11. Problem Solving Using Solution Strategies		NO	3/8	
12. Problem Solving Using Mathematical Representation		NO	5/8	
13. Evaluation of the Reasonableness of a Solution		NO	2/4	
TOTAL OBJECTIVES MASTERED: 9		TOTAL ITEMS: 41/60		Maximum TLI Score Possible: 8-92

DOCUMENT NO.

4590-00221-15426

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 6/8, 9/12, 11/14 or 13/16 items.
In writing, a score of 3 or 4 is needed to meet minimum expectations.

TEXAS ASSESSMENT OF ACADEMIC SKILLS **CONFIDENTIAL STUDENT REPORT**

Page 2 of 2

NAME: BARTON R. GAINES

DISTRICT: 220-912 CROWLEY ISD

STUDENT-ID(PEIMS): [REDACTED]

CAMPUS: 041 H F STEVENS MIDDLE

LOCAL-STUDENT-ID: 0000016855

REPORT DATE: MAY 1998

DATE OF BIRTH: 10/25/82

DATE OF TESTING: SPRING 1998

CLASS GROUP: GUNN

GRADE: 08

SCIENCE	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Scale Score of 1500
ACQUIRING/CLASSIFYING INFORMATION			TEST RESULTS: Met Minimum Expectations: YES Scale Score: 1550
1. Acquire Data	YES	3/4	
2. Classify Information	YES	4/4	
COMMUNICATING/INTERPRETING INFORMATION			
3. Communicate Data	NO	2/4	
4. Interpret Data	NO	1/4	
5. Infer, Generalize, Predict	NO	2/4	
SOLVING PROBLEMS - INVESTIGATING			
6. Conduct Investigations	YES	8/8	
7. Draw Conclusions	YES	5/6	
SOLVING PROBLEMS - APPLYING KNOWLEDGE			
8. Apply Knowledge	YES	6/6	
TOTAL OBJECTIVES MASTERED: 5		TOTAL ITEMS: 31/40	

SOCIAL STUDIES	OBJECTIVE MASTERY*	ITEMS CORRECT/TESTED	PERFORMANCE STANDARD: Scale Score of 1500
UNDERSTANDING CONCEPTS			TEST RESULTS: Met Minimum Expectations: NO Scale Score: 1420
1. Civic Rights and Responsibilities	NO	2/4	
2. American and Other Economic Systems	YES	3/4	
3. American and Other Political Systems	NO	1/4	
4. Geographical Concepts and Information	NO	1/4	
5. Historical Concepts and Information	YES	3/4	
6. Sociological and Cultural Factors	NO	2/4	
EVALUATING CONCEPTS			
7. Interpret Social Studies Data	NO	2/4	
8. Analyze Relationships in Social Studies	NO	1/4	
9. Make Generalizations/Draw Inferences, Conclusions	NO	1/4	
10. Use Problem-solving/Decision-making Skills	YES	3/4	
DOCUMENT NO. 4590-00221-15426		TOTAL OBJECTIVES MASTERED: 3	TOTAL ITEMS: 19/40

* Objective mastery standards for multiple-choice items for all subject areas are as follows: 3/4, 5/6, or 6/8 items

SCHOOL

STUDENT NAME		STUDENT ID	GRADE	HOME ROOM	SCHOOL YR	MARK PD	SCHOOL															
CROWLEY, JIM D.		000000	00	000	00-000	0	CROWLEY 9TH GRADE															
PERIOD	SUBJECT	TEACHER	1	2	3	EXAM SEM	4	5	6	EXAM SEM	FINAL	COM	CITIZENSHIP						ABSENT		TARDY	
1	ENG 1	WHEELING, DEREK	66	79									1	1	1	1	1	1	1	1		
2	PE/ATHLETICS (M)	NICKOLS, ERIC	67	53									1	1	1	1	1	1	1	1		
3	W GEO	BRYANT, DAYNA	50	50									1	1	1	1	1	1	1	1		
4	BIO 1	TAYLOR, DENISE	50	57									1	1	1	1	1	1	1	1		
5	ENG 1	HARGROVE, SUSAN	71	41									1	1	1	1	1	1	1	1		
6	PER FAM DV																					
GRADE SCALE		LEVEL		CITIZENSHIP		* GENERAL ACADEMIC COMMENTS																
10-100		PASSING		E EXCELLENT		23 DUES NOT USE CLEARS TIME WISELY																
0-69		FAILING		S SATISFACTORY		18 FAILS TO TURN IN ASSIGNMENTS																
NC		FAILING GRADE -		N NEEDS IMPROVEMENT																		
*		MORE THAN 5		U UNSATISFACTORY																		
*		UNEXCUSED ABS.																				
SOC SEC # : 401-00-7000		PARENT/GUARDIAN PLEASE SIGN & RETURN																				

TARRANT COUNTY MHMRS FORENSIC TREATMENT PLAN - RU# 422

Inmate's Name	CID#	Case Number	Today's Date	Next Rev. Date*	CHART LOC: 701	CPC #
GAINES, BARTON RAY	0579723	1053344	11-21-02	2-18-03		412758

THIS TREATMENT PLAN IS FOR:

Goal-setting ☐ Review* ☒ X

Goal #: 1

INMATE'S LONG-TERM GOAL (AS IT RELATES TO THE IMPROVEMENT OF HIS/HER MENTAL HEALTH):
Inmate will take medication daily as prescribed to maintain stability for the next 90days.

Intervention strategies to reach the goal OR review of progress:		By Whom?	How Often?	Time Frame
Pharmacological management		PSYCHIATRIST	Up to 8x	90 days
Case coordination		SENIOR CASEWORKER	Up to 12x	90 days

This diagnosis is for: ☐ Admission ☒ Re-evaluation Priority population? ☒ YES ☐ NO DSM/ICD Code

I	Level 1	Major Depressive Disorder, mild	
	Level 2	Alcohol Abuse	296.21
	Level 3	Sedative, Hypnotic Abuse	305.00
II	Level 1	No Dx.	305.40
	Level 2		V71.07
III	Level 1	none	
	Level 2		
	Level 3		

STATE'S EXHIBIT
41
12-11-02
PENGAD-Bayonne, N. J.

- Axis IV:
- | | |
|--|--|
| <input type="checkbox"/> A. Problems w/primary support group | <input type="checkbox"/> F. Economic problems |
| <input type="checkbox"/> B. Problems related to social environment | <input type="checkbox"/> G. Problems w/access to health care services |
| <input type="checkbox"/> C. Educational problems | <input checked="" type="checkbox"/> H. Problems related to interaction with the legal system |
| <input type="checkbox"/> D. Occupational problems | <input type="checkbox"/> I. Other psychosocial and environmental problems |
| <input type="checkbox"/> E. Housing problems | <input type="checkbox"/> J. None |

Axis V: Current: 50 Prior Year: _____

PRIMARY AXIS: ☒ AXIS I ☐ AXIS II

CONSENT TO TREATMENT
I hereby give my consent to the staff of Tarrant County MHMR Services (TCMHMRS) to examine, prescribe and administer medication, advise for proper care and to otherwise treat me as deemed necessary during the course of my involvement with TCMHMRS. I understand that information may be released between TCMHMRS and Texas MHMR facilities, state-operated community services (SOCS), community centers and contract providers to facilitate my continuing care. I have participated in developing my plan of treatment. It has been explained to me in simple non-technical language. Possible adverse effects of the treatment and of rejecting treatment have been explained to me. I agree to participate in and cooperate with treatment. I understand that I may withdraw this consent to treatment at any time.

Barton Gaines
Client signature

Date

Mimi Park
CPC Signature

W. H. M. S.
Psychiatrist Signature

ent does not sign, state reason:

TARRANT COUNTY MHMRS FORENSIC TREATMENT PLAN - RU# 422

CHART LOC: _____

Inmate's Name	CID#	Case Number	Today's Date	Next Rev. Date*	CPC #
	CID: 0579723 MHMR: 001053344 LOC: GAINES, BARTON RAY		8-26-02	11-23-02	412758
THIS TREATMENT PLAN IS FOR: X Goal-setting			Goal #: 1		
INMATE'S LONG-TERM GOAL (AS IT)			HER MENTAL HEALTH:		
Inmate will take medication daily as prescribed to maintain stability for the next 90 days.					
Intervention strategies to reach the goal OR review of progress:			By Whom?	How Often?	Time Frame
Pharmacological management			PSYCHIATRIST	Up to 8x	90 days
Case coordination			SENIOR CASEWORKER	Up to 12x	90 days

This diagnosis is for: ☒ Admission ☐ Re-evaluation Priority population? ☒ YES ☐ NO DSM/ICD Code

Axis I	Level 1	Major Depressive Disorder. mild	296.21
	Level 2	EDTH Abuse	305.00
	Level 3	Sedative, Hypnotic Abuse	305.40
Axis II	Level 1	No Dx.	.V71.09
	Level 2		
Axis III	Level 1		
	Level 2		
	Level 3		

- Axis IV:
- | | |
|--|--|
| <input type="checkbox"/> A. Problems w/primary support group | <input type="checkbox"/> F. Economic problems |
| <input type="checkbox"/> B. Problems related to social environment | <input type="checkbox"/> G. Problems w/access to health care services |
| <input type="checkbox"/> C. Educational problems | <input checked="" type="checkbox"/> H. Problems related to interaction with the legal system |
| <input type="checkbox"/> D. Occupational problems | <input type="checkbox"/> I. Other psychosocial and environmental problems |
| <input type="checkbox"/> E. Housing problems | <input type="checkbox"/> J. None |

Axis V: Current: 48 Prior Year: _____ PRIMARY AXIS: ☒ AXIS I ☐ AXIS II

CONSENT TO TREATMENT

I hereby give my consent to the staff of Tarrant County MHMR Services (TCMHMRS) to examine, prescribe and administer medication, advise for proper care and to otherwise treat me as deemed necessary during the course of my involvement with TCMHMRS. I understand that information may be released between TCMHMRS and Texas MHMR facilities, state-operated community services (SOCS), community centers and contract providers to facilitate my continuing care. I have participated in developing my plan of treatment. It has been explained to me in simple non-technical language. Possible adverse effects of the treatment and of rejecting treatment have been explained to me. I agree to participate in and cooperate with treatment. I understand that I may withdraw this consent to treatment at any time.

Barton Gaines
Client signature

Date

Mimi Parker
CPC SignatureKishu Rao
Psychiatrist Signature

If client does not sign, state reason:

TARRANT COUNTY MHMRS FORENSIC TREATMENT PLAN - RU# 422

CHART LOC:

Inmate's Name	CID#	Case Number	Today's Date	Next Rev. Date*	CPC #
	CID: 0579723 MHMR: 001053344 LOC: GAINES, BARTON RAY		5-28-02	8-25-02	412758

THIS TREATMENT PLAN IS FOR:

x Goal-setting

AKA:

DOB: 10/25/82 M/Caid #:

Goal #: 1

INMATE'S LONG-TERM GOAL (AS IT

IER MENTAL HEALTH):

Inmate will take medication daily as prescribed to maintain stability for the next 90 days.

Intervention strategies to reach the goal OR review of progress:	By Whom?	How Often?	Time Frame
Pharmacological management	PSYCHIATRIST	Up to 8x	90 days
Case coordination	SENIOR CASEWORKER	Up to 12x	90 days
	IN		

This diagnosis is for: ☒ Admission ☐ Re-evaluation Priority population? ☒ YES ☐ NO DSM/ICD Code

Axis I	Level 1	Major Depressive Disorder, mild	296.21
	Level 2	EDTH Abuse	305.00
	Level 3	Sedative, Hypnotic Abuse	305.40
Axis II	Level 1	No Dx.	..V71.09
	Level 2		
Axis III	Level 1		
	Level 2		
	Level 3		

Axis IV: ☐ A. Problems w/primary support group ☐ F. Economic problems
☐ B. Problems related to social environment ☐ G. Problems w/access to health care services
☐ C. Educational problems ☒ H. Problems related to interaction with the legal system
☐ D. Occupational problems ☒ I. Other psychosocial and environmental problems
☐ E. Housing problems ☐ J. None

Axis V: Current:

48

Prior Year:

0

PRIMARY AXIS: ☒ AXIS I ☐ AXIS II

CONSENT TO TREATMENT

I hereby give my consent to the staff of Tarrant County MHMR Services (TCMHMRS) to examine, prescribe and administer medication, advise for proper care and to otherwise treat me as deemed necessary during the course of my involvement with TCMHMRS. I understand that information may be released between TCMHMRS and Texas MHMR facilities, state-operated community services (SOCS), community centers and contract providers to facilitate my continuing care. I have participated in developing my plan of treatment. It has been explained to me in simple non-technical language. Possible adverse effects of the treatment and of rejecting treatment have been explained to me. I agree to participate in and cooperate with treatment. I understand that I may withdraw this consent to treatment at any time.

Barton Gaines

Client Signature

5/28/02

Date

Minni Pak 4pc

CPC Signature

Kyz W. ...

Psychiatrist Signature

If client does not sign, state reason:

TCMHMRS CLIENT PROGRESS NOTE

Staff ID: # 412758

Medicaid #N/A

Date of Service: 10-31-02

11/4/02

CASE Number #: 1053344

Location: 1

CID 05 79723

First Name: BARTON

Last Name: GAINES

Start Time: 12:20p

End Time: 12:40p

Status	RU	Location	Act Code	Proj. No.	Group No.	Time Spent	Prep & Rec Time	Time of Day	Recipient Name	Case #	Recipient	Attend	No. of Recip.	Group A/R	Recip Time	LoF	Fee
E	422	1	4404	5		:20		12:20 P	BARTON GAINES	1053344	1	1	1		:20		
E	422	~		0							~	~	~				
~	~	~		~							~	~	~				

Treatment Plan Issue/ Need

CASE COORDINATION

Description of Services:

To complete the UAP

Progress or Lack of Progress / Response:

Met w/ inmate at a jail house to update the UAP. Mr. Gaines will take meds as prescribed to maintain his stability. The level of need is identified as 2 based on clinical judgment of his stability w/ meds. BRPS score is 33, which is level 1. Due to his incarceration, all other services other than pharmacological and case coordination will be deferred until he is released from custody.

Follow-Up / Comments:

When needs

Signature/ Credentials:

Mimi Parks LPCI
Mimi Parks LPCI Sr. Caseworker

Date: 11/4/02

Client Name: BARTON GAINES
Page 1 of 1

Case Number: 1053344
SS102400

Date of Service: 10-31-02
PN_001 Specialized Services

TCMHMRS CLIENT PROGRESS NOTE

Staff ID: # 412758

Medicaid #N/A

Date of Service: 8-26-02

CASE Number #: 1053344

Location: 1

CID 0579723

First Name: BARTON

Start Time: 11:00a

Last Name: GAINES

End Time: 11:20a

Status	RU	Location	Act. Code	Proj. No.	Group No.	Time Spent	Prep & Rec Time	Time of Day	Recipient Name	Case #	Recipient	Attend	No. of Recip.	Group A/R	Recip Time	Lof	Fee
E	422	1	4403	5		:20		11:00 a	BARTON GAINES	1053344	1	1	1		:20		
	422	~		~							~	~	~				
~	~	~		~							~	~	~				

Treatment Plan Issue/ Need

CASE COORDINATION

Description of Services:

Updating the TX. pl

Progress or Lack of Progress / Response:

Met w. inmate at a jail house and updated the tx. Pl. Mr. Gaines said that he was doing fine w/ med and wants to take it continuously. also said that his case has not much been changed when asked. Appeared content and stable.

Follow-Up / Comments:
When needs.

Signature/ Credentials:

Mimi Parks LPCI
Mimi Parks LPCI Sr Caseworker

Date: 8/26/02

Client Name: BARTON GAINES
Page 1 of 1

Case Number: 1053344
SS102400

Date of Service: 8-26-02
PN_001 Specialized Services

**TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES**

PROGRESS NOTES - THERAPIST

CID#: 0579723

CASE#: 1053344

NAME: GAINS, BARTON

UNIT #: 422 CHART LOCATION 251 non-2

STATUS	RU	LOC	ACT. CD	PROJ #	TIME SPENT	TIME OF DAY	CASE NUMBER	REC	ATT	# OF REC	REC TIME
E	422	1	4404	5	:10	9:30A	1053344	8	9	0	

DATE	PROB. ABBRV.	NOTES	Floor:
8-9-02	CAQ	<p>Description of Services:</p> <p>Completed the CAQ based on the chart.</p> <p>Progress or Lack of Progress/Response:</p> <p>N/A</p> <p>Follow-Up/Comments:</p> <p>In 90days.</p> <p>Signature/Credentials: <u>Mimi Palup</u> Date: <u>8/9</u></p>	62D

**TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES**

PROGRESS NOTES - THERAPIST

CID#: 0579723

CASE#: 1053344

NAME: GAINES, BARTON

UNIT #: 422 CHART LOCATION

STATUS	RU	LOC	ACT. CD	PROJ #	TIME SPENT	TIME OF DAY	CASE NUMBER	REC	ATT	# OF REC	REC TIME
E	422	1	4801	5	:30	9:30A	1053344	1	1	1	:30
E	422	1	4404	5	:20	10:00A	1053344	1	1	1	:20

DATE	PROB. ABBRV.	NOTES	Floor: 61a
5-20-02	MDA UAP	<p>Description of Services:</p> <p>Met w/.inmate a jail house and completed the MDA and the UAP. Mr. Gaines was referred by a JPS Dr in jail. Dr. Wu re-wrote Paxil 20mg on 5-17-02 when JPS stopped it. Mr. Gaines reported that he was diagnosed for ADHD as a child and has been on Paxil and Wellbutrin through his family Dr. before coming in jail. Mr. Gaines a 19years old WMand Xanax abuse over 1 year before coming in jail. He also reported that he abused it mostly weekend. Mr. Gaines reported that current med helps a little bit for his depression when addressed. He also reported that he has been in jail since 3-7-02 for Attempted murder and has next court date on 6-27-02. The level of need was identified as 2 based on the BPRS score. Due to his incarceration, service coordination will be deferred until she is released from custody. was calm and attentive. Was also cooperative. Told him that he would be seen by Dr. in 2wks.</p> <p>Progress or Lack of Progress/Response:</p> <p>Depressed.</p> <p>Follow-Up/Comments:</p> <p>Will be on the Triage list as level of 2 based on GAF score 50</p> <p>Signature/Credentials: <i>Animi Park upu</i> Date: 5-20-02</p>	

**TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES**

CID #: _____ CID: 0579723 MHMR: 001053344 LOC: _____

GAINES, BARTON RAY

CASE #: _____ AKA: _____

DOB: 10/25/82 M/Caid #: _____

NAME: _____

PROGRESS NOTES - MEDICAL

UNIT #: 422 CHART LOCATION: _____

TYPE OF CONTACT/ACTIVITY:

- ☒ Psychiatric Evaluation / Update
☐ Follow-Up Visit
☐ Consultation

DATE/ TIME	PROB. ABBRV.	NOTES
5/18/02		(cont.) A: 2) EOTH abuse 3) BZO abuse P: 1) ↑ paxil 30mg qhs 2) hrs: not required 3) Lab: φ 4) Fm 2m <i>lu</i>
7/18/02		Refuses to be seen at the clinic P: 1) cont paxil 30mg qhs <i>lu</i> 2) Fm 3m
9-26-02		Rtc, pleased "paxil. everything is fine." "waiting for my court. the it takes so long to have a court day." O: alert. OXB. co-op calm. euphymic φs. 141. φφ Rtc: 1) paxil 30mg qhs 2) Rtc 3m <i>lu</i>

**TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES**

CID #: _____ CID: 0579723 MMR: 001053344 LOC: _____

GAINES, BARTON RAY

CASE #: _____

AKA: _____

DOB: 10/25/82 M/Caid #: _____

NAME: _____

UNIT #: 422 CHART LOCATION: _____

PROGRESS NOTES - MEDICAL

TYPE OF CONTACT/ACTIVITY:

- ☒ Psychiatric Evaluation / Update
☐ Follow-Up Visit
☐ Consultation

DATE/ TIME	PROB. ABBRV.	NOTES
5/28/02		<p>19 ym, started seeing a psychiatrist recently self referral for "paxil". Rx of paxil for a few wks continues paxil since jail (2/02) reports of 65% improved depression. no side eff. current sym: still feels depressed sometimes difficult pay attention (reading).</p> <p>past hx:</p> <p>Reports of Dx of "ADD" at age 10-12. without treatment. on special education 4th grade & 1st yr. & 5th attempt.</p> <p>substance: Xanax. Valium x 1 yr. got from a friend. EOTH x 4 yr: average 7-8 keers twice/wk. & DWI. & PI. & withdraw sym</p> <p>Family hx: mother - depression</p> <p>medical: denied. all: NKOR</p> <p>O: alert. OX3. Co-op. mild dysphasic full after. & psychomotor agitation & SI/HI. & U. thought gone direct. whenever.</p> <p>H: MDD. rec. mild.</p>

— S W

**TARRANT COUNTY MENTAL HEALTH
MENTAL RETARDATION SERVICES**

CID #: 0579 723

CASE #: 105 33 44

NAME: Gaines, Barton

UNIT #: 422 CHART LOCATION:

PROGRESS NOTES - MEDICAL

TYPE OF CONTACT/ACTIVITY:

	Psychiatric Evaluation / Update
	Follow-Up Visit
	Consultation

62 D

[illegible]

TARRANT COUNTY HOSPITAL DISTRICT
1500 South Main Street
Fort Worth, Texas 76104
John Peter Smith Hospital

PHYSICIANS:
Time and Date All Orders

DATE: 9-26-02

TIME:

ALLERGIES: NKDA

paxil 30mg 7qh.5 x 3m
Rtc 3m

lwm

UNIT STAFF:
Fax All Orders To
Pharmacy

CID: 0579723 MMR: 001053344 LOC:
GAINES, BARTON RAY
AKA:
DOB: 10/25/82 M/Cald #:

PATIENT CARE AREA/BED

62D

TARRANT COUNTY HOSPITAL DISTRICT
1500 South Main Street
Fort Worth, Texas 76104
John Peter Smith Hospital

PHYSICIANS:
Time and Date All Orders

DATE: 7/18/02

TIME:

ALLERGIES: NK OR

1) cont paxil 30mg qdhs. #3m
2) Klu 3m

UNIT STAFF:
Fax All Orders To
Pharmacy

CID: 0579723 MEMR: 001053344 LOC:
GAINES, BARTON RAY
AKA:
DOB: 10/25/82 M/Caid #:

PATIENT CARE AREA/BED

62D

TARRANT COUNTY HOSPITAL DISTRICT
1500 South Main Street
Fort Worth, Texas 76104
John Peter Smith Hospital

PHYSICIANS:
Time and Date All Orders

DATE:

5/28/02

TIME:

ALLERGIES:

NKDA

↑ Paxil 30 mg T.P.O. qhs. #3m
FIN 2 months

kg W-mg

UNIT STAFF:
Fax All Orders To
Pharmacy

CID: 0579723 MMR: 001053344 LOC:

GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

PATIENT CARE AREA/BED

62D

MH ADULT UNIFORM ASSESSMENT SU

CID: 0579723 MHMR: 001053344 LOC: —
GAINES, BARTON RAY
AKA:
DOB: 10/25/82 M/Caid #:

Assessment Date: 10-31-11-4-02

Level of Need: 2
BPRS

Brief Psychiatric Rating Scale BPRS Total Score: 30 (1-168)

Multnomah Scoring:

23 (1) Functioning (1-25)
10 (2) Adjustment to Living (1-15)
17 (3) Social Competence (1-25)
15 (4) Community/Compliance (1-20)
65 Total Sum of Multnomah Scores

1 Clinical Drug Use Scale (1-5)
1 Clinical Alcohol Use Scale (1-5)

DATA ENTERED
ONLY
UAP
Entered

Community Assessment

1. Residential
6 = Independent
5 = Supported Housing
4 = Assisted Living
3 = Treatment/Training Institution
2 = Homeless
1 = Correctional Facility

Employment A
5 = Independent Competitive
4 = Supported Employment
3 = Transitional Employment
2 = Sheltered Employment
1 = No Employment of Any Kind

Employment B
5 = 61-90 days
4 = 31-60 days
3 = 16-30 days
2 = 1-15 days
1 = 0 days

2. Financial Support
4 = Wages
3 = SSI or Other Public Benefits
2 = Family
1 = Indigent/No Financial Support

3. Legal
A) Total Arrests in Last 3 Months
B) Prison/Jail Nights in Last 3 Months
C) Prison/Jail Episodes in Last 3 Mos.
D) Has Individual Been on Parole/ Probation Over Last 3 Months? (Y/N)

4. Victimization
A = None
B = One Time
C = Two Times
D = Three or More Times

5. Hospitalizations (Name)

Type* P, CP, S, M, GM
Status** V/I

Admit Date

Discharge Date

Outcomes

None

* P = Private Psychiatric, CP = Community Public Psychiatric, S = State Psychiatric, M = Psychiatric Services in Medical Hospital, GM = Hospitalization for Medical Reasons
** V = Voluntary I = Involuntary

Strengths/Unmet Needs and Summary of Conclusions:

Strengths/Natural Supports: Cooperative

Unmet Needs: medication

Symptoms: Anxiety & Depression

Functioning: moderate

Risk Factors: Hx of Xanax Abuse

Recommendations for Services: (check all that apply)

☒ Pharmacological Management

☐ Service Coordination OR ☒ Case Coordination

☐ Rehabilitation

☐ Counseling

☐ Education or Vocation

☐ Housing

☐ Intensive Supports (Best Practices Services)

☐ Substance Abuse

☐ Financial

☐ Other

☐ Other

Initiated on TX Plan?

Reason if NOT initiated on TX Plan?

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

Due to incarceration

☒ Yes ☐ No

The client is priority population.

☒ Yes ☐ No

The client has 2 or more needs for services and/or supports from community providers identified as a result of a) a score of 3 or less on any item # of the MCAS, b) mental health symptoms, c) risk factors and/or, d) unmet service needs.

☐ Yes ☒ No

The client is in need of Service Coordination.

☒ Client is eligible*

☐ Client is eligible, but declines

☐ Client is not eligible for Service Coordination.

Armini Park LPC
Signature and Title of Staff Completing Assessment

11/4/02

Date

INSTRUCTIONS: This scale is intended for use with people who have a severe and persistent mental illness. The clinician should circle the appropriate number for each question which corresponds with the client's level of functioning during the past 30 days.

Section 4 - Behavioral Problems, which should reflect the client's level of functioning during the past 30 days.

CID: 0579723 MHMR: 001053344 LOC:

GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

SECTION 1: INTERFERENCE WITH FUNCTIONING This section pertains to those physical and psychiatric symptoms that make life more difficult for the client. Rate the client as he/she functions with current medications and services.

1. **Physical Health:** How impaired is the client by his/her physical health status? NOTE: Impairment may be from chronic health problems and/or frequency and severity of acute illnesses.

- 1 Extreme health impairment
- 2 Marked health impairment
- 3 Moderate health impairment
- 4 Slight health impairment
- 5 No health impairment
- ? Don't know

2. **Intellectual Functioning:** What is the client's level of general intellectual functioning? NOTE: Low intellectual functioning may be due to a variety of reasons. It should be distinguished from impaired cognitive processes due to psychotic symptoms, which are covered in later questions. Rate estimated IQ independent of psychotic symptoms.

- 1 Extremely low intellectual functioning
- 2 Moderately low intellectual functioning
- 3 Low intellectual functioning
- 4 Slightly low intellectual functioning
- 5 Normal or above level of intellectual functioning
- ? Don't know

3. **Thought Processes:** How impaired is the client's thought processes as evidenced by such symptoms as hallucinations, delusions, tangentiality, loose associations, response latencies, ambivalence, incoherence, etc.?

- 1 Extremely impaired thought processes
- 2 Markedly impaired thought processes
- 3 Moderately impaired thought processes
- 4 Slightly impaired thought processes
- 5 No impairment, normal thought processes
- ? Don't know

4. **Mood Abnormality:** How abnormal is the client's mood as evidenced by such symptoms as constricted mood, extreme mood swings, depression, rage, mania, etc. NOTE: Abnormality in this area may include any of the following: range of moods, level of mood, and /or appropriateness of mood.

- 1 Extremely abnormal mood
- 2 Markedly abnormal mood
- 3 Moderately abnormal mood
- 4 Slightly abnormal mood
- 5 No impairment, normal mood
- ? Don't know

5. **Response to Stress:** How impaired is the client by inappropriate and/or dysfunctional responses to stress and anxiety? NOTE: Impairment could be due to inappropriate responses to stressful events (e.g., extreme responses or no response to events that should be a concern) and/or difficulty in handling anxiety as evidenced by agitation, perseveration, inability to problem-solve, etc.

- 1 Extremely impaired response
- 2 Markedly impaired response
- 3 Moderately impaired response
- 4 Slightly impaired response
- 5 Normal response
- ? Don't know

23 SUMMED SCORE FOR SECTION ONE

SECTION 2: ADJUSTMENT TO LIVING This section pertains to how the client functions in his/her daily life and how he/she has adapted to the disability of mental illness. Rate behavior, not potential behavior.

6. **Ability to Manage Money:** How successfully does the client manage his/her money and control expenditures?

- 1 Almost never manages money successfully
- 2 Seldom manages money successfully
- 3 Sometimes manages money successfully
- 4 Manages money successfully a fair amount of the time
- 5 Almost always manages money successfully
- ? Don't know

7. **Independence in Daily Life:** How well does the client perform independently in day-to-day living? NOTE: Performance includes personal hygiene, dressing appropriately, obtaining regular nutrition, and housekeeping.

- 1 Almost never performs independently
- 2 Often does not perform independently
- 3 Sometimes performs independently
- 4 Often performs independently
- 5 Almost always performs independently
- ? Don't know

8. **Acceptance of Illness:** How well does the client accept (as opposed to deny) his/her psychiatric disability?

- 1 Almost never accepts disability
- 2 Infrequently accepts disability
- 3 Sometimes accepts disability
- 4 Accepts disability a fair amount of the time
- 5 Almost always accepts disability
- ? Don't know

10 SUMMED SCORE FOR SECTION TWO

SECTION 3: SOCIAL COMPETENCE This section pertains to the capacity of the client to engage in appropriate interpersonal relations and culturally meaningful activity.

9. **Social Acceptability:** In general, what are other people's reactions to the client:

- 1 Very negative
- 2 Fairly negative
- 3 Mixed, mildly negative to mildly positive
- 4 Fairly positive
- 5 Very positive
- 7 Don't know

10. **Social Interest:** How frequently does the client initiate social contact or respond to others' initiation of social contact:

- 1 Very infrequently
- 2 Fairly infrequently
- 3 Occasionally
- 4 Fairly frequently
- 5 Very frequently
- 7 Don't know

11. **Social Effectiveness:** How effectively does the client interact with others? NOTE: "Effectively" refers to how successfully and appropriately the client behaves in social settings, i.e., how well he or she minimizes interpersonal friction, meets personal needs, achieves personal goals in a socially appropriate manner, etc.

- 1 Very ineffectively
- 2 Ineffectively
- 3 Mixed or dubious effectiveness
- 4 Effectively
- 5 Very effectively
- 7 Don't know

12. **Social Network:** How extensive is the client's social support network? NOTE: A support network may consist of interested family, friends, acquaintances, professionals, coworkers, socialization programs, etc. Note: rate the size of the network, not the social acceptability.

- 1 Very limited network
- 2 Limited network
- 3 Moderately extensive network
- 4 Extensive network
- 5 Very extensive network
- 7 Don't know

13. **Meaningful Activity:** How frequently is the client involved in meaningful activities that are satisfying to him or her? NOTE: Meaningful activities might include arts and crafts, reading, movies, etc.

- 1 Almost never involved
- 2 Seldom involved
- 3 Sometimes involved
- 4 Often involved
- 5 Almost always involved
- 7 Don't know

17 SUMMED SCORE FOR SECTION THREE

SECTION 4: B

This section pertains to the client to integrate prescribed treatment as appropriate, etc.

CID: 0579723 MHMR: 001053344 LOC:

GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

14. **Medication Compliance:** How frequently does the client comply with his/her prescribed medication regimen? NOTE: This question does not relate to how much those medications help the client.

- 1 Almost never complies
- 2 Infrequently complies
- 3 Sometimes complies
- 4 Usually complies
- 5 Almost always complies
- 7 Don't know

15. **Cooperation with Treatment Providers:** How frequently does the client cooperate as demonstrated by, for example, keeping appointments, complying with treatment plans, and following through on reasonable requests?

- 1 Almost never cooperates
- 2 Infrequently cooperates
- 3 Sometimes cooperates
- 4 Usually cooperates
- 5 Almost always cooperates
- 7 Don't know

16. **Alcohol/Drug Use:** How frequently does the client abuse drugs and/or alcohol? NOTE: "Abuse" means use to the extent that it interferes with functioning.

- 1 Frequently abuses
- 2 Often abuses
- 3 Sometimes abuses
- 4 Infrequently abuses
- 5 Almost never abuses
- 7 Don't know

17. **Impulse Control:** How frequently does the client exhibit episodes of extreme acting out? NOTE: "Acting out" refers to such behavior as temper outbursts, spending sprees, aggressive actions, suicidal gestures, inappropriate sexual acts, etc.

- 1 Frequently acts out
- 2 Acts out fairly often
- 3 Sometimes acts out
- 4 Infrequently acts out
- 5 Almost never acts out
- 7 Don't know

15 SUMMED SCORE FOR SECTION FOUR

65 TOTAL SCORE (SUM OF SECTION SCORES)

Signature/Title

Miami Park Upl.

Date

11/4/02

AKA:

DOB: 10/25/82

M/Caid #:

Rate items 1-14 on the basis of client's self-report during the interview.
symptoms not assessed.

1. Somatic concerns: Degree of concern over present bodily health. Rate the degree of concern perceived as a problem by the patient, whether complaints have realistic basis or not. Note: If the patient has no somatic delusions, then you must rate this item as zero (0) or above.

Have you been concerned about your physical health?

Have you had any physical illness or seen a medical doctor?

1	Not present	
2	Very mild	Occasional somatic concerns that tend to be kept to self.
3	Mild	Occasional somatic concerns that tend to be voiced to others (family, physician).
4	Moderate	Frequent expressions of somatic concerns or exaggerations of existing ills OR some preoccupation, but no impairment of functioning. Not delusional.
5	Moderately severe	Frequent expressions of somatic concerns or exaggerations of existing ills OR some preoccupation and moderate impairment of functioning. Not delusional.
6	Severe	Preoccupation with somatic complaints with much impairment in functioning OR somatic delusions without acting on them or disclosing to others.
7	Extremely severe	Preoccupation with somatic complaints with severe impairment in functioning OR somatic delusions that tend to be acted on or disclosed to others.

2. Anxiety: Reported apprehension, tension, fear, panic or worry. Rate only the client's statements, not observed anxiety which is rated under tension.

Have you been worried a lot during the last two weeks?

Are you concerned about anything?

1	Not present	
2	Very mild	Reports some discomfort due to worry OR infrequent worries that occur more than usual for most normal individuals.
3	Mild	Worried frequently but can readily turn attention to other things.
4	Moderate	Worried most of the time and cannot turn attention to other things easily but no impairment in functioning OR occasional anxiety with autonomic accompaniment but not impairment in functioning.
5	Moderately severe	Frequent, but not daily, periods of anxiety with autonomic accompaniment OR some areas of functioning are disrupted by anxiety or worry.
6	Severe	Anxiety with autonomic accompaniment daily but not persisting throughout the day OR many areas of functioning are disrupted by anxiety or constant worry.
7	Extremely severe	Anxiety with autonomic accompaniment persisting throughout the day OR most areas of functioning are disrupted by anxiety or constant worry.

3. Depression: Includes sadness, unhappiness, anhedonia and preoccupation with depressing topics (can't attend to TV or conversations due to depression), hopelessness, loss of self-esteem. Do not include vegetative symptoms, motor retardation, early waking.

How has your mood been recently? Have you felt depressed? (sad, down, unhappy)

Are you able to switch your attention to more pleasant topics when you want to?

1	Not present	
2	Very mild	Occasionally feels sad, unhappy or depressed.
3	Mild	Frequently feels sad or unhappy but can readily turn attention to other things.
4	Moderate	Frequent periods of feeling very sad, unhappy, moderately depressed, but able to function with extra effort.
5	Moderately severe	Frequent, but not daily, periods of deep depression OR some areas of functioning are disrupted by depression.
6	Severe	Deeply depressed daily but not persisting throughout the day OR many areas of functioning are disrupted by depression.
7	Extremely severe	Deeply depressed daily OR most areas of functioning are disrupted by depression.

4. Suicidality: Expressed desire, intent or actions to harm or kill self.

Have you felt that life wasn't worth living? Have you thought about harming or killing yourself?

Have you felt tired of living or as if you would be better off dead?

1	Not present	
2	Very mild	Occasional feeling of being tired of living. No overt suicidal thoughts.
3	Mild	Occasional suicidal thoughts without intent or specific plan OR he/she feels they would be better off dead.
4	Moderate	Suicidal thoughts frequently without intent or plan.
5	Moderately severe	Many fantasies of suicide by various methods. May seriously consider making an attempt with specific time and plan OR impulsive suicide attempt using non-lethal method or in full view of potential saviors.
6	Severe	Clearly wants to kill self. Searches for appropriate means and time, OR potentially serious suicide attempt with client knowledge of possible rescue.
7	Extremely severe	Specific suicidal plan with intent (e.g., "as soon as I get XXX, I will do it by doing XXX"), OR suicide attempt characterized by plan client thought was lethal or attempt in secluded environment.

Rate items 15-24 on the basis of observed behavior or speech of client

CID: 0579723 MHR: 001053344 LOC:
GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

SCOR

15. **Conceptual Disorganization:** Degree to which speech is confused, illogical, tangentiality, circumstantiality, sudden topic shifts, incoherence, derailment, speech disorders. Do not rate content of speech.

1	Not present	
2	Very mild	Peculiar use of words or rambling but speech is comprehensible.
3	Mild	Speech is a bit hard to understand or make sense of due to tangentiality, circumstantiality or sudden topic shifts.
4	Moderate	Speech difficult to understand due to tangentiality, circumstantiality, idiosyncratic speech or topic shifts on many occasions OR 1-2 instances of incoherent phrases.
5	Moderately severe	Speech difficult to understand due to circumstantiality, tangentiality, neologisms, blocking or topic shifts most of the time OR 3-5 instances of incoherent phrases.
6	Severe	Speech is incomprehensible due to severe impairments most of the time. Many BPRS items cannot be rated by self-report alone.
7	Extremely severe	Speech is incomprehensible throughout interview.

16. **Blunted Affect:** Restricted range in emotional expressiveness of face, voice and gestures. Marked indifference or flatness even when discussing distressing topics. In the case of euphoric or dysphoric clients, rate Blunted Affect if a flat quality is also clearly present.

SCOR

1	Not present	
2	Very mild	Emotional range is slightly subdued or reserved but displays appropriate facial expressions and tone of voice that are within normal limits.
3	Mild	Emotional range overall is diminished, subdued or reserved, without many spontaneous and appropriate emotional responses. Voice tone is slightly monotonous.
4	Moderate	Emotional range is noticeably diminished, client does not show emotion, smile or react to distressing topics except infrequently. Voice tone is monotonous or there is noticeable decrease in spontaneous movements. Displays of emotion or gestures are usually followed by a return to flattened affect.
5	Moderately severe	Emotional range very diminished, client does not show emotion, smile or react to distressing topics except minimally, few gestures, facial expression does not change very often. Voice tone is monotonous much of the time.
6	Severe	Very little emotional range or expression. Mechanical in speech and gestures most of the time. Unchanging facial expression. Voice tone is monotonous most of the time.
7	Extremely severe	Virtually no emotional range or expressiveness, stiff movements. Voice tone is monotonous all of the time.

17. **Emotional Withdrawal:** Deficiency in client's ability to relate emotionally during interview situation. Use your own feeling as to the presence of an 'invisible barrier' between client and interviewer. Include withdrawal apparently due to psychotic processes.

SCOR

1	Not present	
2	Very mild	Lack of emotional involvement shown by occasional failure to make reciprocal comments, occasionally appearing preoccupied, or smiling in a stilted manner, but spontaneously engages the interviewer most of the time.
3	Mild	Lack of emotional involvement shown by noticeable failure to make reciprocal comments, appearing preoccupied, or lacking in warmth, but responds to interviewer when approached.
4	Moderate	Emotional contact not present much of the interview because client does not elaborate responses, fails to make eye contact, does not seem to care if interviewer is listening, or may be preoccupied with psychotic material.
5	Moderately severe	Same as 4 but emotional contact not present most of the interview.
6	Severe	Actively avoids emotional participation. Frequently unresponsive or responds with yes / no answers (not solely due to persecutory delusions). Responds only with minimal affect.
7	Extremely severe	Consistently avoids emotional participation. Unresponsive or responds with yes / no answers (not solely due to persecutory delusions). May leave during the interview or just not respond at all.

18. **Motor Retardation:** Reduction in energy level evidenced by slowed movements and speech, reduced body tone, decrease number of spontaneous body movements. Rate the basis of observed behavior of the client only. Do not rate on the basis of client's subjective impression of his own energy level. Rate regardless of medication effects.

SCOR

1	Not present	
2	Very mild	Slightly slowed or reduced movements or speech compared to most people
3	Mild	Noticeably slowed or reduced movements or speech compared to most people
4	Moderate	Large reduction or slowness in movements or speech
5	Moderately severe	Seldom moves or speaks spontaneously OR very mechanical or stiff movements
6	Severe	Does not move or speak unless prodded or urged
7	Extremely severe	Frozen, catatonic

12. Bizarre Behavior: Reports of behavior which are odd, unusual, or possibly inappropriate, include inappropriate sexual behavior and inappropriate behavior of concern during the interview.

SCORE

Have you done anything that has attracted the attention of others?

Have you done anything that could have gotten you in trouble with the police?

1	Not present	
2	Very mild	Slightly odd or eccentric behavior, e.g., occasionally giggles to self, fails to make appropriate eye contact, that does not seem to attract the attention of others OR unusual behavior conducted in private, e.g., innocuous rituals, that would not attract the attention of others.
3	Mild	Noticeably peculiar public behavior, e.g., inappropriately loud talking, makes inappropriate eye contact OR private behavior that occasionally, but not always, attracts the attention of others, e.g., hoards food, conducts unusual rituals, wears gloves indoors.
4	Moderate	Clearly bizarre behavior that attracts or would attract (if done privately) the attention or concern of others, but with no corrective intervention necessary. Behavior occurs occasionally, e.g., fixated staring into space for several minutes, talks back to voices once, inappropriate giggling / laughter on 1-2 occasions, talking loudly to self.
5	Moderately severe	Clearly bizarre behavior that attracts or would attract (if done privately) the attention of others or the authorities, e.g., fixated staring in a socially disruptive way, frequent inappropriately giggling / laughter, occasionally responds to voices, or eats non-foods.
6	Severe	Bizarre behavior that attracts attention of others and intervention by authorities, e.g., directing traffic, public nudity, staring into space for long periods, carrying on a conversation with hallucinations, frequent inappropriate giggling / laughter.
7	Extremely severe	Serious crimes committed in a bizarre way that attract the attention of others and the control of authorities, e.g., sets fires and stares at flame OR almost constant bizarre behavior, e.g., inappropriate giggling / laughter, responds only to hallucinations and cannot be engaged in interaction.

13. Self-Neglect: Hygiene, appearance or eating behavior below usual expectations, below socially acceptable standards or life-threatening. Note: Also rate this section on the behavior you observe during the interview.

SCORE

How has your grooming been lately? How often do you change your clothes?

How often do you take showers? Has anyone complained about your grooming or dress?

1	Not present	
2	Very mild	Hygiene / appearance slightly below usual community standards, e.g., shirt out of pants, buttons unbuttoned, shoe laces untied, but no social or medical consequences.
3	Mild	Hygiene / appearance occasionally below usual community standards, e.g., irregular bathing, clothing is stained, hair uncombed, occasionally skips an important meal. No social or medical consequences.
4	Moderate	Hygiene / appearance noticeably below usual community standards, e.g., fails to bathe or change clothes, clothing very soiled, hair unkempt, needs prompting, noticeable by others OR irregular eating and drinking with minimal medical concerns and consequences.
5	Moderately severe	Several areas of hygiene / appearance are below usual community standards OR poor grooming draws criticism by others and requires regular prompting. Eating or hydration are irregular and poor, causing some medical problems.
6	Severe	Many areas of hygiene / appearance are below usual community standards, does not always bathe or change clothes even if prompted. Poor grooming has caused social ostracism at school / residence / work, or required intervention. Eating erratic and poor, may require medical intervention.
7	Extremely severe	Most areas of hygiene / appearance / nutrition are extremely poor and easily noticed as below usual community standards OR hygiene / appearance / nutrition requires urgent and immediate medical intervention.

14. Disorientation: Does not comprehend situations or communications, such as questions asked during the entire BPRS interview. Confusion regarding person, place, or time. Do not rate if incorrect responses are due to delusions.

SCORE

Ask the following questions: How old are you? What is the date today (allow ± 2 days)?

What is this place called? What year were you born? Who is the president?

1	Not present	
2	Very mild	Seems muddled or mildly confused 1-2 times during the interview. Oriented to person, place and time.
3	Mild	Occasionally muddled or mildly confused 3-4 times during the interview. Minor inaccuracies in person, place, time, e.g., date off by more than ± 2 days, or gives wrong name of clinic.
4	Moderate	Frequently confused during the interview. Minor inaccuracies in person, place or time are noted, as in 3 above. In addition, may have difficulty in remembering general information, e.g., name of President.
5	Moderately severe	Markedly confused during the interview, or to person, place or time. Significant inaccuracies are noted, e.g., date off by more than one week, or cannot give correct name of agency. Has difficulty remembering personal information, e.g., where he was born, or recognizing familiar people.
6	Severe	Disoriented to person, place, or time, e.g., cannot give correct month and year. Disoriented in 2 out of 3 spheres.
7	Extremely severe	Grossly disoriented to person, place, or time, e.g., cannot give name or age. Disoriented in all 3 spheres.

9. **Suspiciousness:** Expressed or apparent belief that other persons have intent to include persecution by supernatural or other non-human agency above shall also be rated under Unusual Thought Content.

Do you ever feel uncomfortable in public? Does it seem as though others are watching you?

Are you concerned about anyone's intentions toward you?

If yes, how often do you experience these feelings / thoughts?

1	Not present	
2	Very mild	Seems on guard. Reluctant to respond to some "personal" questions. Reports being overly self-conscious in public.
3	Mild	Describes incidents in which others have harmed or wanted to harm him that sounds plausible. Client feels as if others are watching, laughing, or criticizing him in public. Little or no preoccupation.
4	Moderate	Says others are talking about him maliciously, have negative intentions or may harm him. Beyond the likelihood of plausibility, but not delusional. Incidents of suspected persecution occur occasionally (less than once per week) with some preoccupation.
5	Moderately severe	Same as 4, but incidents occur frequently, such as more than once per week. Client is moderately preoccupied with ideas of persecution OR client reports persecutory delusions expressed with much doubt (e.g., partial delusions).
6	Severe	Delusional - speaks of Mafia plots, the FBI or others poisoning his food, persecution by supernatural forces.
7	Extremely severe	Same as 6, but the beliefs are bizarre or more preoccupying. Client tends to disclose or act on persecutory delusions.

10. **Hallucinations:** Reports of perceptual experiences in the absence of relevant external stimuli. When rating degree to which functioning is disrupted by hallucinations, include preoccupation with the content and experience of the hallucinations, as well as functioning disrupted by acting out on the hallucinatory content (e.g., engaging in deviant behavior due to command hallucinations). Include thoughts aloud (Gedankenlautwerden) or pseudohallucinations (e.g., hears a voice inside head) if a voice quality is present.

SCORE

Do you ever seem to hear your name being called?

Have you heard any sounds or people talking to you or about you when there has been nobody around?

If yes, what does the voice say?

Do you ever have visions or see things that others do not see?

1	Not present	
2	Very mild	While resting or going to sleep, sees visions, smells odors or hears voices, sounds or whispers in the absence of external stimuli, but no impairment in functioning.
3	Mild	While in a clear state of consciousness, hears a voice calling the client's name, experiences non-verbal auditory hallucinations (e.g., sounds or whispers), formless visual hallucinations or has sensory experiences in the presence of a modality-relevant stimulus (e.g., visual illusions) infrequently (e.g., 1-2 times per week) and with no functional impairment.
4	Moderate	Occasional verbal, visual, gustatory, olfactory or tactile hallucinations with no functional impairment OR non-verbal auditory hallucinations / visual illusions more than infrequently or with no impairment.
5	Moderately severe	Experiences daily hallucinations OR some areas of functioning are disrupted by hallucinations.
6	Severe	Experiences verbal or visual hallucinations several times a day OR many areas of functioning are disrupted by these hallucinations.
7	Extremely severe	Persistent verbal or visual hallucinations throughout the day OR most areas of functioning are disrupted by these hallucinations.

11. **Unusual Thought Content:** Unusual, odd, strange or bizarre thought content. Rate the degree of unusualness, not the degree of disorganization of speech. Delusions are patently absurd, clearly false or bizarre ideas that are expressed with full conviction. Consider the client to have full conviction if he has acted as though the delusional belief is true. Ideas of reference/persecution can be differentiated from delusions in that they are expressed with much doubt and contain more elements of reality. Include thought insertion, withdrawal and broadcast. Include grandiose, somatic and persecutory delusions even if rated elsewhere. Note: If Somatic Content, Gullibility, Suspiciousness or Grandiosity are rated 6 or 7 due to delusions, then Unusual Thought Content must be rated 4 or above.

SCORE

Have you been receiving any special messages from people or from the way things are arranged around you?

Have you seen any references to yourself on TV or in the newspaper?

Can anyone read your mind?

If yes, how often do these things occur?

1	Not present	
2	Very mild	Ideas of reference (people may stare or may laugh at him), ideas of persecution (people may mistreat him) Unusual beliefs in psychic powers, spirits, UFOs, or unrealistic beliefs in one's own abilities. Not strongly held. Some doubt.
3	Mild	Same as 2, but degree of reality distortion is more severe as indicated by highly unusual ideas or greater conviction. Content may be typical of delusions (even bizarre), but without full conviction. The delusion does not seem to have fully formed, but is considered as one possible explanation for an unusual experience.
4	Moderate	Delusion present but no preoccupation or functional impairment. May be an encapsulated delusion or a firmly endorsed absurd belief about past delusional circumstances.
5	Moderately severe	Full delusion(s) present with some preoccupation OR some areas of functioning disrupted by delusional thinking.
6	Severe	Full delusion(s) present with much preoccupation OR many areas of functioning disrupted by delusional thinking.
7	Extremely severe	Full delusion(s) present with almost total preoccupation OR most areas of functioning disrupted by delusional thinking.

5. **Guilt: Overconcern or remorse for past behavior. Rate only client's state depression, anxiety, or neurotic defenses. Note: if the subject rates 6 or 7 rate Unusual Thought Content at least 4 or above, depending on level of pre**

Is there anything you feel guilty about? Have you been thinking about past problems?
Do you tend to blame yourself for things that have happened?

1	Not present	
2	Very mild	Concerned about having failed someone or at something but not preoccupied. Can easily shift thoughts to other matters easily.
3	Mild	Concerned about having failed someone or at something with some preoccupation. Tends to voice guilt to others.
4	Moderate	Disproportionate preoccupation with guilt, having done wrong, injured others by doing or failing to do something, but can readily turn attention to other things.
5	Moderately severe	Preoccupation with guilt, having failed someone or at something, can turn attention to other things, but only with great effort. Not delusional.
6	Severe	Delusional guilt OR unreasonable self-reproach but out of proportion to circumstances. Moderate preoccupation present.
7	Extremely severe	Delusional guilt OR unreasonable self-reproach grossly out of proportion to circumstances. Subject is very preoccupied with guilt and is likely to disclose to others or act on delusions.

6. **Hostility: Animosity, contempt, belligerence, threats, arguments, tantrums, property destruction, fights, and any other expression of hostile attitudes or actions. Do not infer hostility from neurotic defenses, anxiety, or somatic complaints. Do not include incidents of appropriate anger or self-defense.**

How have you been getting along with people (family, co-workers, etc.)?
Have you been irritable or grumpy lately? Do you keep it to yourself?

1	Not present	
2	Very mild	Irritable or grumpy, but not overtly expressed.
3	Mild	Argumentative or sarcastic.
4	Moderate	Overtly angry on several occasions OR yelled at others excessively.
5	Moderately severe	Has threatened, slammed about or thrown things.
6	Severe	Has assaulted others but with no harm likely, e.g., slapped or pushed, OR destroyed property, e.g., knocked over furniture, broken windows.
7	Extremely severe	Has attacked others with definite possibility of harming them or with actual harm, e.g., assault with hammer or weapon.

7. **Elated Mood: A pervasive, sustained and exaggerated feeling of well-being, cheerfulness, euphoria (implying a pathological mood), optimism to circumstances. Do not infer elation from increased activity or from grandiose statements alone. Note: Also rate this section on the behavior you observe during the interview.**

Have you felt so good or high that other people thought that you were not yourself? Have you been feeling cheerful and "on top of the world" without any reason? If yes, how long did it last?

1	Not present	
2	Very mild	Seems to be happy, cheerful without much reason.
3	Mild	Some unaccountable feelings of well-being that persist.
4	Moderate	Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, some of the time. May frequently joke, smile, be giddy or overly enthusiastic OR few instances of marked elevated mood with euphoria.
5	Moderately severe	Reports excessive or unrealistic feelings of well-being, cheerfulness, confidence or optimism inappropriate to circumstances, much of the time. May describe feeling "on top of the world", "like everything is falling into place" or "better than ever before", OR several instances of marked elevated mood with euphoria.
6	Severe	Reports any instances of marked elevated mood with euphoria OR mood definitely elevated almost constantly throughout interview and inappropriate to content.
7	Extremely severe	Client reports being elated or appears almost intoxicated, laughing, joking, giggling, constantly euphoric, feeling invulnerable, all inappropriate to immediate circumstances.

8. **Grandiosity: Exaggerated self-opinion, self-enhancing conviction of special abilities or powers, or identity as someone rich or famous. Rate only client's statements about himself, not his demeanor. Note: If client rates 6 or 7 due to grandiose delusions, you must rate Unusual Thought Content at least 4 or above.**

Is there anything special about you? Do you have any special abilities or powers?
Have you thought that you might be someone rich or famous?

1	Not present	
2	Very mild	Feels great and denies obvious problems, but not unrealistic
3	Mild	Exaggerated self-opinion beyond abilities and training.
4	Moderate	Inappropriate boastfulness, claims to be brilliant, insightful or gifted beyond realistic proportions, but rarely self-discloses or acts on these inflated self-concepts. Does not claim that grandiose accomplishments have actually occurred.
5	Moderately severe	Same as 4 but often self-discloses and acts on these grandiose ideas. May have doubts about the reality of the grandiose ideas. Not delusional.
6	Severe	Delusional - claims to have special powers like ESP, to have millions of dollars, invented new machines, worked at jobs when it is known that he was never employed in these capacities, be Jesus Christ, or the President. Client may not be very preoccupied.
7	Extremely severe	Delusional - same as 6 but client seems very preoccupied and tends to disclose or act on grandiose delusions.

19. Tension: Observable physical and motor manifestations of tension, not experience of tension should be rated under the item on anxiety. Do not rate for clients exacerbated by tension.

1	Not present	
2	Very mild	More fidgety than most but within normal range. A few transient signs of tension, e.g., picking at fingernails, foot wagging, scratching scalp several times or finger tapping.
3	Mild	Same as 2, but with more frequent or exaggerated signs of tension.
4	Moderate	Many and frequent signs of motor tension with one or more signs sometimes occurring simultaneously, e.g., wagging ones foot while wringing hands together. There are times when no signs of tension are present.
5	Moderately severe	Many and frequent signs of motor tension with one or more signs often occurring simultaneously. There are still rare times when no signs of tension are present.
6	Severe	Same as 5, but signs of tension are continuous.
7	Extremely severe	Multiple motor manifestations of tension are continuously present, e.g., continuous pacing and hand wringing.

20. Uncooperativeness: Resistance and lack of willingness to cooperate with the interview. The uncooperativeness might result from suspiciousness. Rate only uncooperativeness in relation to the interview, not behaviors involving peers and relatives.

1	Not present	
2	Very mild	Shows non-verbal signs of reluctance, but does not complain or argue.
3	Mild	Gripes or tries to avoid complying, but goes ahead without argument.
4	Moderate	Verbally resists but eventually complies after questions are rephrased or repeated.
5	Moderately severe	Same as 4, but some information necessary for accurate ratings is withheld.
6	Severe	Refuses to cooperate with interview, but remains in interview situation.
7	Extremely severe	Same as 6, with active efforts to escape the interview.

21. Excitement: Heightened emotional tone or increased emotional reactivity to interviewer or topics being discussed, as evidenced by increased intensity of facial expressions, voice tone, expressive gestures or increase in speech quantity and speed.

1	Not present	
2	Very mild	Subtle and fleeting or questionable increase in emotional intensity. For example, at times seems keyed-up or overly alert.
3	Mild	Subtle and persistent increase in emotional intensity. For example, lively use of gestures and variation in voice tone.
4	Moderate	Definite but occasional increase in emotional intensity. For example, reacts to interviewer or topics that are discussed with noticeable emotional intensity. Some pressured speech.
5	Moderately severe	Definite and persistent increase in emotional intensity. For example, reacts to many stimuli, whether relevant or not, with considerable emotional intensity. Frequent pressured speech.
6	Severe	Marked increase in emotional intensity. For example, reacts to most stimuli with inappropriate emotional intensity. Has difficulty settling down or staying on task. Often restless, impulsive, or speech is often pressured.
7	Extremely severe	Marked and persistent increase in emotional intensity. Reacts to all stimuli with inappropriate intensity, impulsivity. Very restless, and impulsive most of the time. Constant pressured speech.

22. Distractibility: Degree to which observed sequences of speech and actions are interrupted by stimuli unrelated to the interview. Distractibility is rated when the client shows a change in the focus of attention as characterized by a pause in speech or a marked shift in gaze. Client's attention may be drawn to noise in adjoining room, books on a shelf, interviewer's clothing, etc. Do not rate circumstantiality, tangentiality or flight of ideas. Also, do not rate rumination with delusional material. Rate even if the distracting stimulus cannot be identified.

1	Not present	
2	Very mild	Generally can focus on interviewer's questions with only 1 distraction or inappropriate shift of attention of brief duration.
3	Mild	Client shifts focus of attention to matters unrelated to the interview 2-3 times.
4	Moderate	Often responsive to irrelevant stimuli in the room, e.g., averts gaze from the interviewer.
5	Moderately severe	Same as above, but now distractibility clearly interferes with the flow of the interview.
6	Severe	Extremely difficult to conduct interview or pursue a topic due to preoccupation with irrelevant stimuli.
7	Extremely severe	Impossible to conduct interview due to preoccupation with irrelevant stimuli.

AKA:

DOB: 10/25/82 M/Caid #:

23. Motor Hyperactivity: Increase in energy level evidenced in motor restlessness or restlessness due to a kinetic

1	Not present	
2	Very mild	Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.
3	Mild	Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.
4	Moderate	Very moderate, fidgety, excessive facial expressions or non-productive and repetitious motor movements. Much pressured speech, up to one-third of the interview.
5	Moderately severe	Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interpret. Rises on 1-2 occasions to pace.
6	Severe	Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc. throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.
7	Extremely severe	Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, client can only be interrupted briefly and only small amounts of relevant information can be obtained.

SCORE
2

24. Mannerisms and Posturing: Unusual and bizarre behavior, stylized movements or acts, or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual.

1	Not present	
2	Very mild	Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.
3	Mild	Same as 2, but occurring on two occasions of brief duration.
4	Moderate	Mannerisms or posturing, e.g., stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.
5	Moderately severe	Same as 4, but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the client.
6	Severe	Frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or fetal posturing. Client can interact with people and the environment for brief periods despite these behaviors.
7	Extremely severe	Same as 6, but client cannot interact with people or the environment due to these behaviors.

SCORE

Sources of information (check all that apply):

- ☒ Client
☐ Parents / Relatives
☐ Mental health professionals
☐ Chart

Confidence in assessment

4 1 = Not at all, 5 = very confident

Explain here if validity of assessment is questionable:

- ☒ Symptoms possibly drug induced
☐ Underreported due to lack of rapport
☐ Underreported due to negative symptoms
☐ Client uncooperative
☐ Difficult to assess due to formal thought disorder
☐ Other

TOTAL
SCORE

30

Mimi Paul 11/4/02
Staff signature & title Date

CID: 0579723 MHMR: 001053344 LOC:

GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

23. Motor hyperactivity: increase in energy level evidenced in motor restlessness due to a tension

1	Not present	
2	Very mild	Some restlessness, difficulty sitting still, lively facial expressions, or somewhat talkative.
3	Mild	Occasionally very restless, definite increase in motor activity, lively gestures, 1-3 brief instances of pressured speech.
4	Moderate	Very moderate, fidgety, excessive facial expressions or non-productive and repetitious motor movements. Much pressured speech, up to one-third of the interview.
5	Moderately severe	Frequently restless, fidgety. Many instances of excessive non-productive and repetitious motor movements. On the move most of the time. Frequent pressured speech, difficult to interpret. Rises on 1-2 occasions to pace.
6	Severe	Excessive motor activity, restlessness, fidgety, loud tapping, noisy, etc. throughout most of the interview. Speech can only be interrupted with much effort. Rises on 3-4 occasions to pace.
7	Extremely severe	Constant excessive motor activity throughout entire interview, e.g., constant pacing, constant pressured speech with no pauses, client can only be interrupted briefly and only small amounts of relevant information can be obtained

24. Mannerisms and Posturing: Unusual and bizarre behavior, stylized movements or acts or any postures which are clearly uncomfortable or inappropriate. Exclude obvious manifestations of medication side effects. Do not include nervous mannerisms that are not odd or unusual.

1	Not present	
2	Very mild	Eccentric or odd mannerisms or activity that ordinary persons would have difficulty explaining, e.g., grimacing, picking. Observed once for a brief period.
3	Mild	Same as 2, but occurring on two occasions of brief duration.
4	Moderate	Mannerisms or posturing, e.g., stylized movements or acts, rocking, nodding, rubbing, or grimacing, observed on several occasions for brief periods or infrequently but very odd. For example, uncomfortable posture maintained for 5 seconds more than twice.
5	Moderately severe	Same as 4, but occurring often, or several examples of very odd mannerisms or posturing that are idiosyncratic to the client.
6	Severe	Frequent stereotyped behavior, assumes and maintains uncomfortable or inappropriate postures, intense rocking, smearing, strange rituals or fetal posturing. Client can interact with people and the environment for brief periods despite these behaviors.
7	Extremely severe	Same as 6, but client cannot interact with people or the environment due to these behaviors.

Sources of information (check all that apply):

- ☒ Client
☐ Parents / Relatives
☐ Mental health professionals
☐ Chart

Explain here if validity of assessment is questionable:

- ☐ Symptoms possibly drug induced
☐ Underreported due to lack of rapport
☐ Underreported due to negative symptoms
☐ Client uncooperative
☐ Difficult to assess due to formal thought disorder
☐ Other

Confidence in assessment

4 1 = Not at all, 5 = very confident

TOTAL
SCOR

Staff signature & title Mimi P. Luper Date 5/20/02

INSTRUCTIONS: Please rate your client's most severe period of alcohol/drug use scale. If the person is in an institution, the reporting interval is the time period prior to from self-report, interviews, behavioral observations, and collateral reports (family, c

1. ABSTINENT: Client has not used alcohol/drugs during this time interval.
2. USE WITHOUT IMPAIRMENT: Client has used alcohol/drugs during this time interval, but there is no evidence of persistent or recurrent social, occupational, psychological, or physical problems related to use and no evidence of recurrent dangerous use. (i.e., occasional use- "recreationally")
3. ABUSE: Client has used alcohol/drugs during this time interval and there is evidence of persistence or recurrent social, occupational, psychological, or physical problems related to use or evidence of recurrent dangerous use. (i.e., recurrent alcohol/drug use leads to disruptive behavior and housing problems. Problems have persisted at least one month.)
4. DEPENDENCE: Meets criteria for moderate plus at least three of the following: a) Greater amounts or intervals of use than intended, b) Much of time used obtaining or using alcohol/drugs, c) Frequent intoxication or withdrawal interferes with other activities, Important activities given up because of alcohol/drug use, e) Continued use despite knowledge of substance-related problems, f) Marked tolerance, g) Characteristic withdrawal symptoms, h) Alcohol/drugs taken to relieve or avoid withdrawal symptoms. (For example, binges, and preoccupation with alcohol/drugs have caused client to drop out of job training and non-drug/non-drinking social activities)
5. DEPENDENCE WITH INSTITUTIONALIZATION: Meets criteria for severe plus related problems are so severe that they make noninstitutional living difficult. (For example, constant alcohol/drug use lead to disruptive behavior and inability to pay rent so that client is frequently reported to police and seeking hospitalization.)

ALCOHOL SCALE: 4 (1-5)

DRUG SCALE: 4 (1-5)

X Drugs used: (XX for Primary Substance)

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> a. Cannabis | <input type="checkbox"/> b. Cocaine | <input type="checkbox"/> c. Hallucinogens |
| <input type="checkbox"/> d. Heroin | <input type="checkbox"/> e. Other Opiates | <input type="checkbox"/> f. Sedatives/Hypnotics/Anxiolytics |
| <input type="checkbox"/> g. Barbiturates | <input type="checkbox"/> h. Amphetamines | <input type="checkbox"/> i. Inhalants |
| <input type="checkbox"/> j. Over-the-Counter | <input checked="" type="checkbox"/> k. Other <u>Xanax</u> | |

SOURCES OF INFORMATION USED TO ASSIGN RATING

Indicate which of the following sources were used to make the above rating. Mark all that apply.

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 6. Client Self-Report | | |
| <input type="checkbox"/> 7. Direct Observation (e.g., client is intoxicated during appointments or groups) | | |
| <input type="checkbox"/> 8. Collateral Reports (e.g., reports from informants such as family, friends, law enforcement, shelter workers, housing staff, other treatment providers) | | |
| <input type="checkbox"/> 9. Client displays the following common consequences of substance abuse in persons with Severe MI: | | |
| <input type="checkbox"/> Housing instability | <input type="checkbox"/> Unexplained symptom relapses | <input type="checkbox"/> Social difficulties |
| <input type="checkbox"/> Treatment non-compliant | <input type="checkbox"/> Violent behavior or threats of violence | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Sudden or unexplained mood shifts | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Difficulty budgeting funds | <input checked="" type="checkbox"/> Legal problems |
| <input type="checkbox"/> Employment difficulties | <input type="checkbox"/> Hygiene/health problems | |
| <input type="checkbox"/> 10. Urine drug tests are positive | | |
| <input type="checkbox"/> 11. Frequent clinical assessments indicate a pattern of substance use over time | | |

(developed from Toolkit for Evaluating Substance Abuse in Persons with Severe Mental Illness © 1995 Robert E. Drake)

Completed by (Check One):

- ☒ 1 - DDx Clinician
☐ 2 - Non-DDx Clinician
☐ 3 - Research Interviewer

Staff Signature/Title

Mimi Park

Date

5-20-02

Client Name:

CID: 0579723 MHMR: 001053344 LOC:

GAINES, BARTON RAY

AKA:

DOB: 10/25/82 M/Caid #:

I. GENERAL HISTORICAL INFORMATION

Date: 5-20-02 Age: 19 Sex: WM

Referred By:

Presenting Problem: (What led the inmate into his/her current situation? What does inmate perceive to be his/her greatest needs at this time?) Having depression and anxiety. Hx. of ADHD for a year. Never seen by psychiatrist, but family dr. prescribe meds. Dr. Wu wrote meds 5/17. Inmate says, "meds helps a little bit, so I'm still depressed". Has been in jail since 3-7-02 for Attempt Murder. Next court date is 6/27/02Suicide Risk? ☐ Yes ☒ No. If "Yes," symptoms: (Include history of suicide attempts, methods used) NoneHomicide Risk? ☐ Yes ☒ No. If "Yes," symptoms: (Include history of violence and violent crime) Charged for attempt murderPrevious Psychiatric Treatment: ADHD. - Received meds. Paxil & WellbutrinFamily History of Mental Illness: Mother (meds for depression)Current Medications: Paxil coming in jail. JPS stopped it, and then Dr. Wu wrote it on 5-17-02Current Medical Problems: (Note any head injuries) NoneAllergies: NoneRecent Employment History: Working at assembling plants for 3-4 months before coming in jail.Education: Highest grade completed: 9th. GEDCan inmate read? ☒ Yes ☐ No Was inmate ever in special education? ☐ Yes ☒ NoWhat do you do for fun? Carpenter Stuffs. Welding. Hanging out.

Developmental History: Ask inmate what life was like for him/her when growing up. Note information about family life, including status of current family relationships. Include any traumatic events, including physical or sexual abuse. Note how these events affect inmate's current level of functioning.

Growing up was "not too much b/c mom has 4 husbands". Denied any kinds of abuses. Has a step-brother. At age of 7, hanging out kids, who smoked reggae. Never been married, but had a girlfriend for yrs. Has no child.

Client Name: _____

History of Drug/Alcohol Abuse: List drugs/alcohol abused, frequency, and recency of abuse.

Xanax - marijuana, alcohol:
(for 4 yr). (14 yrs old) (15 yrs old) - weekends
Last use was before coming in jail except marijuana
(Dec).

Previous Treatment: Rehab (4-5 yrs ago for a wk).

Longest Period of Sobriety:

Legal History: Attempted murder, poss. C.S.

Military History: N/A.

What does inmate feel are his/her strengths? (Education, Family, Religion, etc.): Age.

Summary of input from outside sources: (Family, friends, other services providers).
mother

Summary of interviewer's clinical impressions:

of Attempted murder. 19 yrs old WM, charged
of Xanax Abuse. No hx. w/ psychiatrist. Hk.

Be sure to get releases of information for any family/providers from whom we need information.

Mim. Puh upc.
Staff Signature/Title5-20-02
Date

Release of Information Display - Display Data Elements

CASE NUMBER: 001053344 GAINES BARTON RAY

** ACTIVE **

EFF DATE

Display of Release Requests: 12062002 - RECORD START -

Date Request Received: 12062002 12/06/2002

Requestor's Name: 12062002 TARRANT CO DISTRICT ATTN

Contact Person: 12062002 JOHN HUBBARD

Requestor Address: 12062002 213TH DISTRICT COURT

City: 12062002 FW

State: 12062002 TX TEXAS

Zip Code: _____

RETURNED INCOMPLETE BECAUSE: 12062002 **AFFIDAVIT/SUBPOENA**

: 12062002 GAVE RECS TO D.A. W/OUT AFFID.

:

Number of Hard Copy Pages: 12062002 36

Number Micro/Optical Pages: _____

Total Charges: _____

Payment Method: _____

Date Request Completed: 12062002 12/06/2002

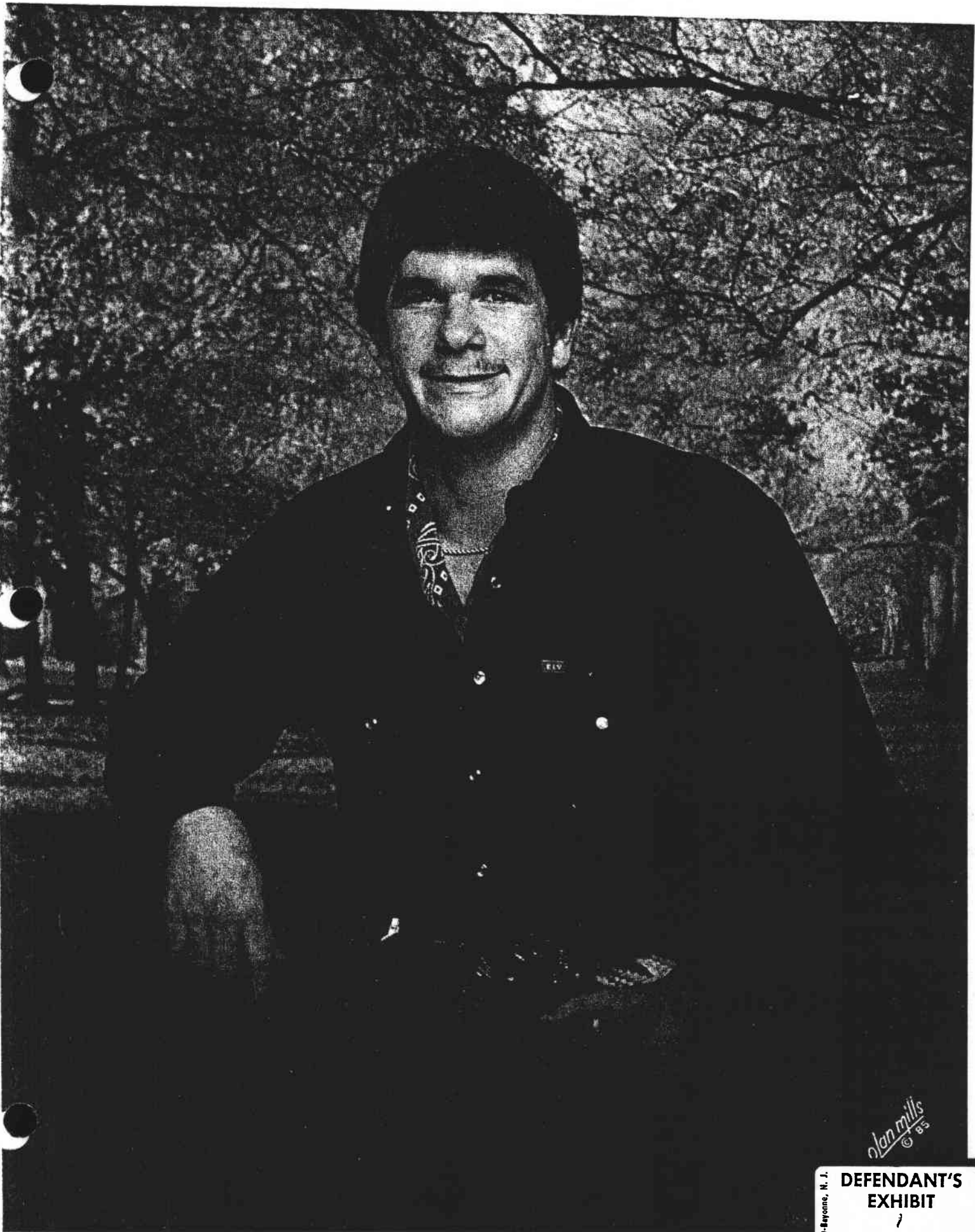
How Shipped: 12062002 01 REQUESTOR PICK UP

(END RECORD)

-- END RECORD --

<Enter>=COMPLETE, <F9>=ABORT, <F8>=ADDT'L DATA: ____

This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law. The information may not be redisclosed without specific written consent of the person to whom it pertains.

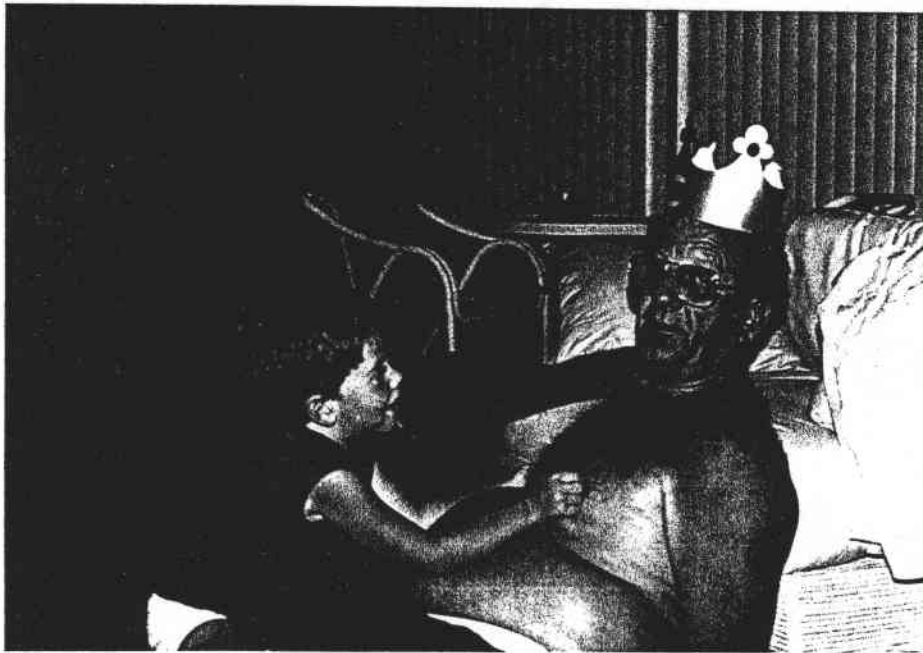


Jan Mills
© 85

PERICLO-Bayonne, N. J.

**DEFENDANT'S
EXHIBIT**

1
12-11-02

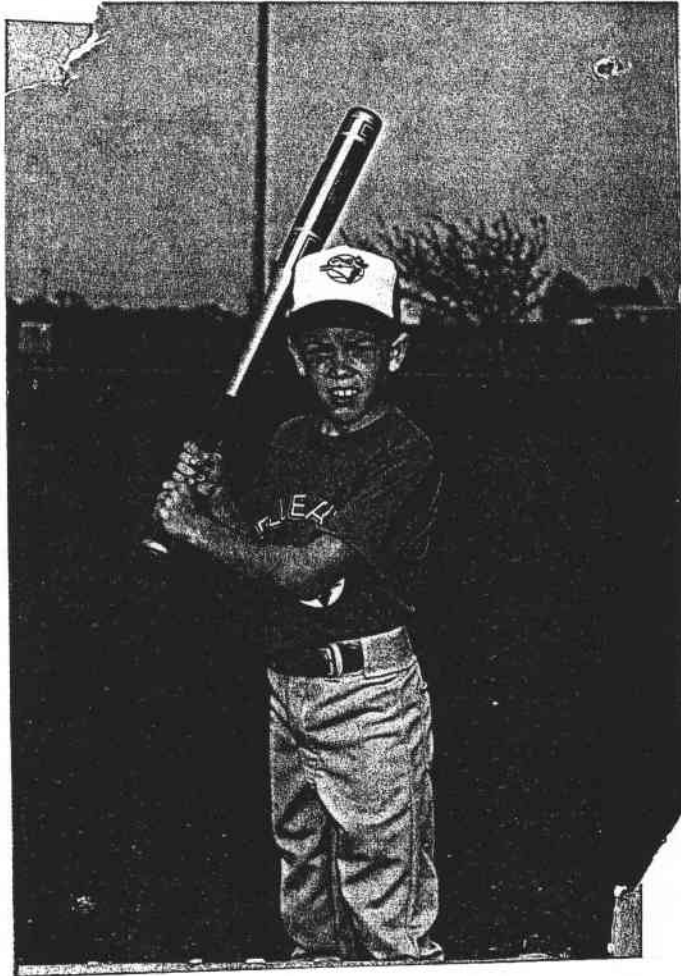


PERICAD-Bayonne, N. J.
**DEFENDANT'S
EXHIBIT**
3



PENGAD-Bayonne, N. J.
**DEFENDANT'S
EXHIBIT**
4
12-11-02





PERCIB-Bayonne, N. J.
**DEFENDANT'S
EXHIBIT**
6



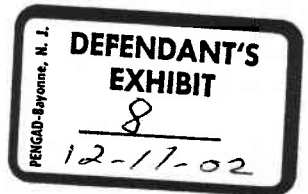
1993 BESS RACE ELEMENTARY SCHOOL 1994

MRS. FALZARANO - GRADE 4

ROW 3: JOSHUA THOMAS, SHANE JONES, BART GAINES, KYLE RENSHAW, BRETT COLLINS, SUSAN MC MAHON **ROW 2:** MICHELLE MC MILLEN, JOSHUA PITTMAN, STEPHANY STOVALL, MARK HANSON, KODI MORRIS **ROW 1:** JACQUI WOODS, NICOLE DIEFENDERFER, SAMANTHA LEWIS, LACIE RECTOR **ABSENT:** CHAD HALEY, NICHOLAS VADEN, MATTHEW MC CASLAND



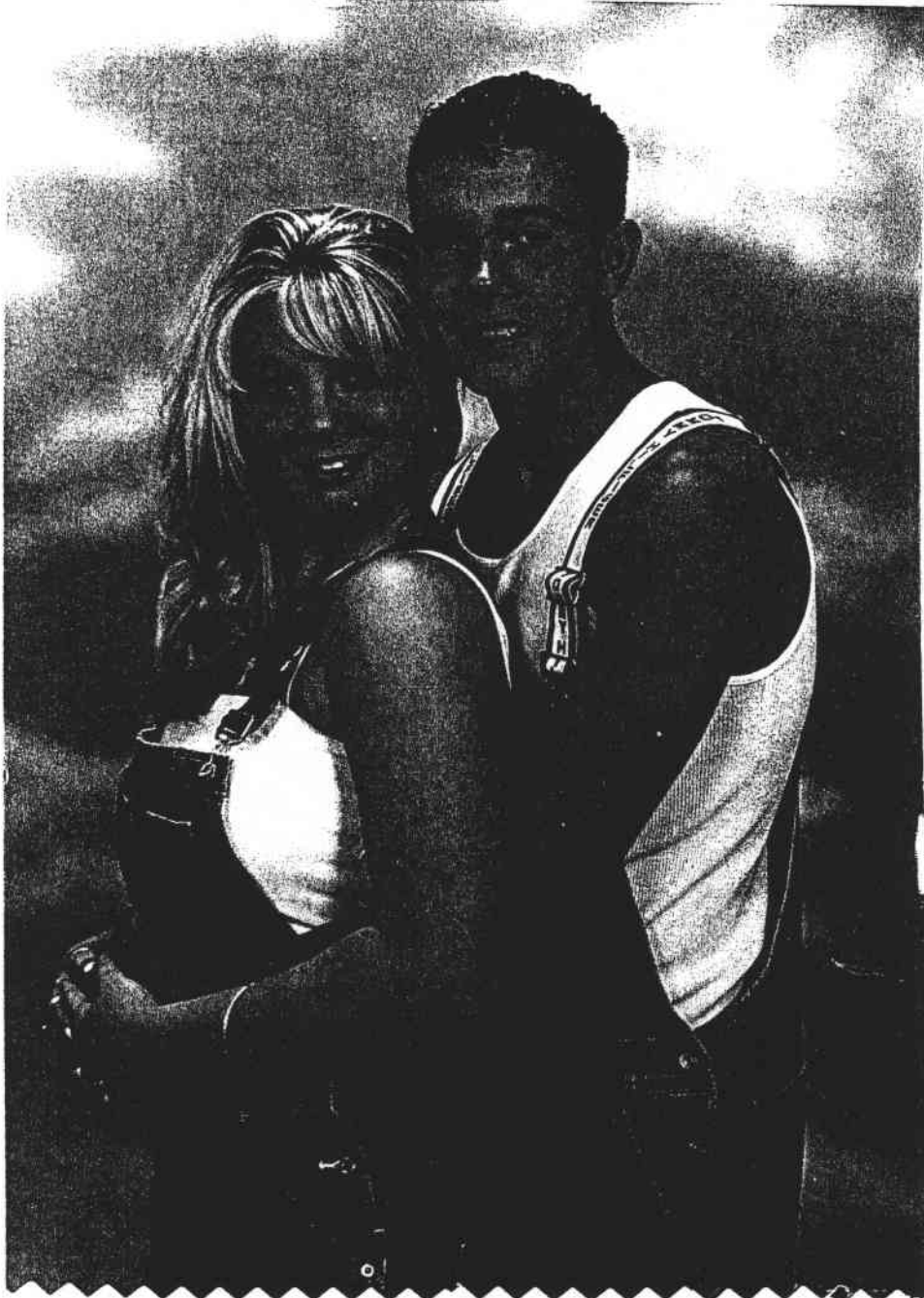
Wearing Paint Ball Shirt



1994 BESS RACE ELEMENTARY SCHOOL 1995

MRS. EVELYN PIPES - GRADE 5

ROW 4: KRISTINA LEWIS, CLAYTON SMALLS, ANGELA HUGHES, SARAH BENSON, LAUREN MISER, KYLE RENSHAW, BART GAINES **ROW 3:** JOEY CLARK, AMBER WILSON, JASON TUCKER, KELLY HOY, JASON HORN, ARIF JAVEED, ASHLEY MAYFIELD **ROW 2:** MATT MC CASLAND, LINDSEY JOHNSON, LEE HILL, TERRY HUGHES, KRISTAL ZAHIRNIAK, NICOLE DIEFENDERFER **ROW 1:** TIFFANY KIRKLAND, MARK RIVERA, JULIE WILSON, REBECCA SHAW, ERIN LANCASTER, EVELYN PIPES



PENALTY-Bylaws, N. J.
**DEFENDANT'S
EXHIBIT**
16

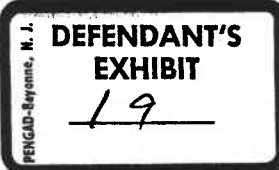


PERICAD-Bayonne, N. J.
**DEFENDANT'S
EXHIBIT**
17

DEFENDANT'S EXHIBIT NO. 18

Copies of Checks

Available from District Clerk upon request.



DEC 10, 1998

TEXAS EDUCATION AGENCY
STUDENT WITHDRAWAL/RECORD TRANSFER FORM

DEM410--22

CROWLEY INDEPENDENT SCHOOL DISTRICT
CNTY-DIST-CAMPUS NUM: 220-912-001

LEGAL NAME

SSN/STATE ALT ID

CROWLEY 9TH GRADE

FST: BARTON

1005 WEST MAIN

MID: RAY

CROWLEY TEXAS

LST: GAINES

76036

GEN: JR.

ETH: WHITE

ID LST RPT PEIMS

CAMPUS PHONE NUM: (817) 297-5845

DOB: 10/25/82

SEX: M

LOCAL ID:

16855

ORIGINAL ENTRY : 8/13/98 MEMB: 78

WITHDRAWAL DATE: 12/10/98 ABS: 20

CURRENT GRADE LEVEL: 09 PROMOTED

GRADE(S) OF RETENTION (PK-4):

FREE/REDUCED LUNCH ELIG: NO

GRADE(S) OF RETENTION (5-8):

OTHER ECONOMIC DISADV: NO

SUSP/REM:

SPECIAL PROGRAM INFORMATION

SPECIAL EDUCATION: YES SPEECH THERAPY: NO

SPEC ED INSTR SET: RESOURCE ROOM / SERVICES

GIFT/TALENTED: NO LEP: NO ESL: NO BILING: NO

TITLE1: NO HOME LANGUAGE: ENGLISH

MIGRANT: NO MSRTS ID NUMBER:

CAR & TECH: YES PREG RELATED SERV: NO

SECTION 504: NO COND:

MOD:

IMMUNIZ/DISEASE/TESTING

DATES: TP EXEMPT

DPT/TD: 12/30/1982 M: R:

5/01/1983

9/25/1983

9/09/1987 B

5/07/1997 B

POLIO: 12/30/1982 M: R:

5/01/1983

9/25/1983

9/09/1987 B

CURRENT SIX-WEEKS GRADES

CR S

T TCH

MEASLES: 6/20/1984

M: R:

PD COURSE CODE-ABBREV

TP M ABS GRD B INIT

10/06/1994

01#180101-06-ADVISORY - Y

1

02 03100504-ALG1-4

1

03 03820501-PE EQ 1

1

04 03320100-W GEO

1

05 03010200-BIO 1

1

06#180102-06-ADVISORY - Y

1

07 03100504-ALG1-4

1

08 03220100-ENG 1

1

09 03320100-W GEO

1

10 12201210-PERFAMDV

1

MUMPS: 10/06/1994

M: R:

RUBELLA: 10/06/1994

M: R:

HIB:

M: R:

HEP B:

M: R:

SPINAL: 4/30/1998 NORMAL

TB TEST:

OTH HEALTH PROB:

*** STATE TESTING RESULTS ***

EXEMPTIONS: NO

LAST TEST DATE:

GRADE LEVEL (OF LAST TEST):

SCALE SCORE *MASTERY*

MATH

READING

WRITING

SCIENCE

SOC STUDIES

INDICATES LOCAL COURSE

(V PRIN/PRIN)

RECORDS REQUESTOR (CIRCLE ONE):
DISTRICT/PARENT/GUARDIAN/STUDENT

(COUNSELOR)

DISTRICT NAME (IF REQUESTOR):

(REGIS/SECY)

WITHDRW RSN:

(OTHER)

None School (OTHER)

I, Melissa Adams AM REQUESTING THIS INFORMATION
PARENT/GUARDIAN/STUDENT FOR STUDENT ENROLLMENT IN

CITY/STATE/DISTRICT

CROWLEY INDEPENDENT SCHOOL DISTRICT
CNTY-DIST-CAMPUS NUM: 220-912-041
H. P. STEVENS MIDDLE SCHOOL
240 N CROWLEY RD
LEY TEXAS 76036
CAMPUS PHONE NUM: (817) 297-5540

LEGAL NAME
FST: BARTON
MID: RAY
LST: GAINES
GEN: JR. ETH: WHITE
DOB: 10/25/82 SEX: M

SSN/STATE ALT ID
[REDACTED]
TID LST RPT FEIMS
LOCAL ID:
16855

ORIGINAL ENTRY : 1/06/98 MEMB: 89
WITHDRAWAL DATE: 3/06/98 ABS: 11
CURRENT GRADE LEVEL: 08 PROMOTED
FREE/REDUCED LUNCH ELIG: NO
OTHER ECONOMIC DISADV: NO

GRADE(S) OF RETENTION (PK-4):
GRADE(S) OF RETENTION (5-8):
SUSP/REM:

SPECIAL PROGRAM INFORMATION

SPECIAL EDUCATION: YES SPEECH THERAPY: NO
SPEC ED INSTR SET: RESOURCE ROOM / SERVICES
GIFT/TALENTED: NO LEP: NO ESL: NO BILING: NO
TITLE I: NO HOME LANGUAGE: ENGLISH
MIGRANT: NO MSRTS ID NUMBER:
CAR & TECH: NO PREG RELATED SERV: NO
SECTION 504: NO COND: MOD:

IMMUNIZ/DISEASE/TESTING

DATES: TP EXEMPT
DPT/TD: M: R:
POLIO: M: R:

CURRENT SIX-WEEKS GRADES

PD	COURSE CODE-ABBREV	CR	3	TP	M	ABS	GRD	B	INIT
01#3820	-01-MATH 8	Curry	2	---	---	58	---	---	---
02#3830	-02-SCIENCE II	Stuck	2	---	---	58	---	---	---
03#3810	-03-HLTH ED	Stuck	0	---	---	58	---	---	---
04#3840	-04-U.S. HISTORY	Stuck	2	---	---	58	---	---	---
05#3830	-05-READING IMP.	Stuck	2	---	---	58	---	---	---
06#3810	-06-ENGLISH 8	Stuck	2	---	---	58	---	---	---
07#4932	-07-CAREER INV.	Stuck	2	---	---	43	---	---	---
08#0035	-07-ADVISORY/HOM	Stuck	2	---	---	---	---	---	---

MEASLES: M: R:
MUMPS: M: R:
RUBELLA: M: R:
HIB: M: R:
SPINAL:
TB TEST: Y
OTH HEALTH PROB:

MOST RECENT TEAMS/TAAS

TEST RESULTS

EXEMPTIONS: NO
LAST TEST DATE:
GRADE LEVEL (OF LAST TEST):
SCALE SCORE *MASTERY*
MATH
READING
WRITING
SCIENCE
SOC STUDIES

INDICATES LOCAL COURSE

J L Toulouse

(V PRIN/PRIN)

RECORDS REQUESTOR (CIRCLE ONE):
DISTRICT/PARENT/GUARDIAN/STUDENT

(COUNSELOR)

DISTRICT NAME (IF REQUESTOR):

(REGIS/SECY)

(LIBRARY)

WITHDRAW RSN: EXCELL SCHOOL

(CAFETERIA)

I, PARENT/GUARDIAN/STUDENT AM REQUESTING THIS INFORMATION FOR STUDENT ENROLLMENT IN

CITY/STATE/DISTRICT

TAKE THIS FORM WHEN ENROLLING IN YOUR NEW SCHOOL-IT IS NECESSARY FOR ENROLLMENT

CAT021-07
PAGE 1

[illegible]

GRADE : 03										TARDY		TOT EXC		TOT EXC		GRD		SCHL	
PD	DATE	CLASS	SECT	SUBJECT	CODE	REASON	TOT	EXC	UNEXC	TOT	EXC	UNEXC	RFT	ACT	ADA				
***** GAINES, BARTON RAY *****																			
3	9-05	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y											
3	9-08	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y											
3	9-09	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y											
3	9-16	4851	08	COMPUTER LIT. 8	01	ILLNESS	Y	Y											
3	9-22	4851	08	COMPUTER LIT. 8	11	DOCTOR APPOINTMENT	Y	Y											
3	10-10	4851	08	COMPUTER LIT. 8	05	UNEXCUSED	Y	Y											
3	1-08	4862	03	HEALTH	01	LATE	Y												
3	1-16	4862	03	HEALTH	01	LATE	Y												
3	1-21	4862	03	HEALTH	05	UNEX/NDCONT	Y												
3	1-26	4862	03	HEALTH	05	UNEX/NDCONT	Y												
3	1-28	4862	03	HEALTH	01	LATE	Y												
3	1-30	4862	03	HEALTH	01	LATE	Y												
3	2-10	4862	03	HEALTH	01	LATE	Y												
3	2-12	4862	03	HEALTH	01	LATE	Y												
3	2-17	4862	03	HEALTH	01	LATE	Y												
3	2-25	4862	03	HEALTH	05	UNEX/NDCONT	Y												
3	2-27	4862	03	HEALTH	01	LATE	Y												
PERIOD 3 TOTALS							8			10	5	5	6						

4	8-18	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	8-19	3840	04	U.S. HISTORY 8	05	UNEX/NDCONT	Y												
4	8-28	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y											
4	9-05	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y											
4	9-08	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y											
4	9-09	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	9-11	3840	04	U.S. HISTORY 8	01	ILLNESS	Y												
4	9-16	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	9-27	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	10-10	3840	04	U.S. HISTORY 8	05	UNEX/NDCONT	Y												
4	1-08	3840	04	U.S. HISTORY 8	05	UNEX/NDCONT	Y												
4	1-26	3840	04	U.S. HISTORY 8	05	UNEX/NDCONT	Y												
4	2-04	3840	04	U.S. HISTORY 8	11	DOCTOR APPOINTMENT	Y												
4	2-11	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	2-13	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	2-25	3840	04	U.S. HISTORY 8	05	UNEX/NDCONT	Y												
4	2-26	3840	04	U.S. HISTORY 8	01	LATE	Y												
4	3-06	3840	04	U.S. HISTORY 8	01	LATE	Y												
PERIOD 4 TOTALS							9			9	5	4	5						
5	8-28	8830	05	READING IMP. 8	05	UNEX/NDCONT	Y	Y											
5	9-05	8830	05	READING IMP. 8	07	SUSPENDED/70% CR	Y	Y											
5	9-08	8830	05	READING IMP. 8	07	SUSPENDED/70% CR	Y	Y											
5	9-09	8830	05	READING IMP. 8	07	SUSPENDED/70% CR	Y	Y											
5	9-27	8830	05	READING IMP. 8	01	LATE	Y												

PD	DATE	CLASS	SECT	SUBJECT	CODE	REASON	TOT	EXC	UNEXC	TOT	EXC	UNEXC	RPT	ACT	ADA
***** GAINES, BARTON RAY ***** 16855 *****															
5	10-03	8830	05	READING IMP. 8	01	LATE	Y								
5	10-07	8830	05	READING IMP. 8	01	LATE									
5	10-13	8830	05	READING IMP. 8	01	ILLNESS									
5	1-09	8830	05	READING IMP. 8	05	UNEX/NOCONT									
5	1-14	8830	05	READING IMP. 8	01	LATE	Y								
5	1-26	8830	05	READING IMP. 8	05	UNEX/NOCONT									
5	2-04	8830	05	READING IMP. 8	11	DOCTOR APPOINTMENT									
5	2-23	8830	05	READING IMP. 8	01	LATE	Y								
5	2-24	8830	05	READING IMP. 8	01	LATE									
5	2-25	8830	05	READING IMP. 8	05	UNEX/NOCONT	Y								
5	2-26	8830	05	READING IMP. 8	01	LATE									
5	3-04	8830	05	READING IMP. 8	05	UNEX/NOCONT	Y								
PERIOD 5 TOTALS 7							10	5	5	6					
5	8-26	3810	06	ENGLISH 8	01	LATE	Y								
5	8-28	3810	06	ENGLISH 8	05	UNEX/NOCONT									
5	9-05	3810	06	ENGLISH 8	07	SUSPENDED/70% CR	Y								
5	9-08	3810	06	ENGLISH 8	07	SUSPENDED/70% CR	Y								
5	9-09	3810	06	ENGLISH 8	07	SUSPENDED/70% CR	Y								
5	9-11	3810	06	ENGLISH 8	01	LATE	Y								
5	9-12	3810	06	ENGLISH 8	01	LATE	Y								
5	10-07	3810	06	ENGLISH 8	01	LATE	Y								
5	10-13	3810	06	ENGLISH 8	01	ILLNESS									
5	1-08	3810	06	ENGLISH 8	05	UNEX/NOCONT	Y								
5	1-23	3810	06	ENGLISH 8	01	LATE	Y								
5	1-26	3810	06	ENGLISH 8	05	UNEX/NOCONT	Y								
5	1-30	3810	06	ENGLISH 8	11	DOCTOR APPOINTMENT	Y								
5	2-04	3810	06	ENGLISH 8	01	LATE	Y								
5	2-12	3810	06	ENGLISH 8	01	LATE	Y								
5	2-25	3810	06	ENGLISH 8	05	UNEX/NOCONT	Y								
5	2-27	3810	06	ENGLISH 8	01	ILLNESS	Y								
PERIOD 6 TOTALS 7							10	6	4	6					
7	8-28	4841	07	LIFE MAN SKILLS 7-8	05	UNEX/NOCONT	Y								
7	9-05	4841	07	LIFE MAN SKILLS 7-8	07	SUSPENDED/70% CR	Y								
7	9-08	4841	07	LIFE MAN SKILLS 7-8	07	SUSPENDED/70% CR	Y								
7	9-09	4841	07	LIFE MAN SKILLS 7-8	07	SUSPENDED/70% CR	Y								
7	9-13	4841	07	LIFE MAN SKILLS 7-8	01	LATE	Y								
7	9-25	4841	07	LIFE MAN SKILLS 7-8	01	LATE	Y								
7	10-13	4841	07	LIFE MAN SKILLS 7-8	01	ILLNESS									
7	10-14	4841	07	LIFE MAN SKILLS 7-8	01	LATE	Y								
7	10-20	4841	07	LIFE MAN SKILLS 7-8	01	LATE	Y								
7	1-08	4832	07	CAREER INV. 7-8	05	UNEX/NOCONT	Y								
7	1-13	4832	07	CAREER INV. 7-8	01	LATE	Y								

SCHOOL: 0041 H. F. STEVENS MIDDLE SCHOOL
GRADE: 08

CLASS ATTENDANCE STUDENT DETAIL BY PERIOD
DATES: 8-15-1997 THROUGH 3-06-1998
ALL PERIODS

PAGE 4

PD	DATE	CLASS	SECT	SUBJECT	CODE	REASON	TOT	EXC	UNEXC	TOT	EXC	UNEXC	RPT	ACT	ADA
1	8-25	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
2	8-26	0038	07	ADVISORY/HOMEROOM	05	UNEX/NOCONT	Y								
3	8-27	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
4	8-28	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
5	8-29	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
6	8-30	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
7	8-31	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	9-01	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
9	9-02	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
10	9-03	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
11	9-04	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
12	9-05	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
13	9-06	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
14	9-07	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
15	9-08	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
16	9-09	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
17	9-10	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
18	9-11	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
19	9-12	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
20	9-13	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
21	9-14	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
22	9-15	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
23	9-16	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
24	9-17	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
25	9-18	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
26	9-19	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
27	9-20	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
28	9-21	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
29	9-22	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
30	9-23	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
31	9-24	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
32	9-25	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
33	9-26	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
34	9-27	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
35	9-28	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
36	9-29	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
37	9-30	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
38	10-01	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
39	10-02	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
40	10-03	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
41	10-04	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
42	10-05	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
43	10-06	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
44	10-07	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
45	10-08	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
46	10-09	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
47	10-10	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
48	10-11	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
49	10-12	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
50	10-13	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
51	10-14	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
52	10-15	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
53	10-16	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
54	10-17	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
55	10-18	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
56	10-19	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
57	10-20	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
58	10-21	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
59	10-22	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
60	10-23	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
61	10-24	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
62	10-25	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
63	10-26	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
64	10-27	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
65	10-28	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
66	10-29	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
67	10-30	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
68	10-31	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
69	11-01	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
70	11-02	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
71	11-03	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
72	11-04	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
73	11-05	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
74	11-06	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
75	11-07	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
76	11-08	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
77	11-09	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
78	11-10	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
79	11-11	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
80	11-12	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
81	11-13	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
82	11-14	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
83	11-15	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
84	11-16	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
85	11-17	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
86	11-18	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
87	11-19	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
88	11-20	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
89	11-21	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
90	11-22	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
91	11-23	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
92	11-24	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
93	11-25	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
94	11-26	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
95	11-27	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
96	11-28	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
97	11-29	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
98	11-30	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
99	12-01	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
100	12-02	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
101	12-03	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
102	12-04	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
103	12-05	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
104	12-06	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
105	12-07	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
106	12-08	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
107	12-09	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
108	12-10	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
109	12-11	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
110	12-12	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
111	12-13	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
112	12-14	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
113	12-15	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
114	12-16	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
115	12-17	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
116	12-18	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
117	12-19	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
118	12-20	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
119	12-21	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
120	12-22	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
121	12-23	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								

SCHOOL: 0041 H. F. STEVENS MIDDLE SCHOOL
GRADE: 08

CLASS ATTENDANCE - STUDENT DETAIL BY PERIOD
DATES: 8-15-1997 THROUGH 3-06-1998
ALL PERIODS

CAT021-06
PAGE 5

PD	DATE	CLASS	SECT	SUBJECT	CODE	REASON	TOT	EXC	UNEXC	TOT	EXC	UNEXC	RPT	ACT	ADA
***** GAINES, BARTON RAY 16265 *****															
8	1-27	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	1-30	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-02	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-09	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-10	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-13	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-18	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-20	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-23	0038	07	ADVISORY/HOMEROOM	05	UNEX/NOCONT	Y								
8	2-25	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	2-26	0038	07	ADVISORY/HOMEROOM	01	ILLNESS	Y								
8	2-27	0038	07	ADVISORY/HOMEROOM	05	UNEX/NOCONT	Y								
8	3-04	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
8	3-06	0038	07	ADVISORY/HOMEROOM	01	LATE	Y								
PERIOD 8 TOTALS 30							10	5	5	7					
STUDENT TOTALS 95							82	42	40	52					

2-2-1998 FORM WHEN...

STEPPINGSTONE CHRISTIAN ACADEMY
301 South Dobson
Burleson, Texas 76097

WITHDRAWAL FORM

Student: Bart Garner is withdrawing from Grade 8
at Steppingstone Christian Academy today 1-5-98.

Please write his/her grades beside the subjects listed below and indicate if all books have been turned in.

Subject	Grade/Initial Current Average	Textbooks Turned In	CITIZENSHIP
English	<u>40% AH</u>	<u>✓</u>	<u> </u>
Math	<u>60% MS</u>	<u>✓</u>	<u> </u>
History	<u>72% MLS</u>	<u>✓</u>	<u> </u>
Bible	<u>44% MS</u>	<u>—</u>	<u> </u>
P. E.	<u>B MS</u>	<u>—</u>	<u> </u>
Music	<u> </u>	<u>—</u>	<u> </u>
Health	<u> </u>	<u>—</u>	<u> </u>
Science	<u>81% MS</u>	<u>✓</u>	<u> </u>

Sec. Initial: sp

Library

Fines Paid [✓] Yes [] No

Books Turned In [✓] Yes [] No

Ramona Ruiz
Librarian's Signature

Business Office

All Accounts Paid [] Yes [] No

Business Manager's Signature

COMMENTS:

William E. McCrea
Administrator/Principal



STEPPINGSTONE CHRISTIAN ACADEMY

REPORT CARD

STUDENT : BARTON GAINES
732 DANIELS
CROWLEY, TX 76036

ID: GB001
GRADE: 08
HOME RM:
SCHOOL YEAR: 97-98

SUBJECT	1ST			2ND			EXAM1			SEM.1		
	GRADE	CON	COMM	GRADE	CON	COMM	GRADE	CON	COMM	GRADE	CON	COMM
BIBLE 8				44	N	H	71					
CITIZENSHIP 8				F		X						
ENGLISH 8				40								
GEOGRAPHY				72	B+	T D	44					
NEW AMERICAN HISTORY				66	P	U A	81					
PRE-ALGEBRA				66			40					
PHYSICAL EDUCATION 8				75	B	U U						
SCIENCE 8				81			70					
Grade Averages				63.43			61.20					
Days	0 days			5 days			5 days			5 days		
Tardies	0 times			5 times			5 times			5 times		

COMMENT CODES: H Hurries through work
D Disruptive to others

X Multiple Demerits
U Unprepared for Class

T Talks frequently in class
A Not working up to ability

Failing Grade in Citizenship will remove student from the Honor Roll.
Excessive unexcused tardies will affect the student's grade in a course.
DO NOT RETURN REPORT CARD.
RETURN ENVELOPE PLEASE

WILLIAM E. MCCREA
ADMINISTRATOR/PRINCIPAL

William E. McCrea



SCHOOL
HEALTH RECORD
CROWLEY, TEXAS

NAME DARTON GAINES
DATE OF BIRTH 10-25-82 SEX M ETHNIC GROUP White
PARENT OR GUARDIAN Melissa Stephens

RESIDENCE 8401 Clover G
H.W. TX. 76122

DA EXA	SCHOOL	HOME ROOM	GRADE OR CLASS PERIOD	AGE SEPT. 1	HEIGHT	WEIGHT	EYE LIDS	GLASSES	VISION TESTS		STRABISMUS	HEARING TESTS		OTORRHEA	EAR WAX	TEETH	TONSILS	GLANDS		NASAL OBSTRUC.	SKIN DISEASE	SCALP	ORTHO- PEDIC	NERVOUS SYMPTOMS	HEART	LUNGS	WOOD'S LIGHT	DR'S SURVEY	OTHER DEFECTS & DISEASES
									R	L		R	L					CERV.	THY.										
9/2	MC	3	3						4-92	20/20		4-92	P P																
9/3	BR	3	9						20/20	20/20		P P																	
9/4	BR	R	3						20/20	20/20		P P																	
9/5	BR	P	5	4	9	83			20/20	20/20		P P																	
9/6	OK	C	10	12					20/20	20/20		P P																	
9/7	USA	7	(9-3-96)						20/20	20/20		25/25	25/25																
9/8	USA	8							20/20	20/20		P P																	
9/9	USA	9							20/20	20/20		P P																	

Eye:
Glasses worn
Lids:
1 Slight
2 Serious
Strabismus:
1 Slight
2 Serious
HEALTH X

Ear:
Ear Wax
Otorrhea:
1 Slight
2 Serious
Glands:
C2 Marked
T1 Slight
T2 Marked

Heart:
1 Functional
2 Organic
Lungs:
1 Rales
2 Suspicious

Nasal Obstruct:
1 Slight
2 Serious
3 Mth. Br.
4 Suprap. Adenoids
3-4 Mth. Br. & Ad.

00—Shows Correction

Orthopedic:
1 Flat Feet
2 Rd. Shoulders
3 Spine
Skin Disease:
1 Minor
2 Eczema
3 Contagious

Scalp:
1 Nits or Lice
Nervous Symptoms:
1 Abnormal
2 Chorea
3 Epilepsy

Teeth:
1 Deciduous
2 Permanent
3 Gums
4 Prophylaxis
5 Orthodontia
Tonsils:
1 Slight
2 Serious

10-25-82

DISEASE EXPERIENCE	GIVE DATE	RESULT OF FOLLOW UP			
CHICKEN POX		95/96 Scoliosis OK			
HEPATITIS					
RHEUMATIC FEVER					
MUMPS					
RED MEASLES					
IMMUNIZATIONS					
RED MEASLES	6-20-84	(B) 10-6-94			
GERMAN MEASLES	6-20-84	"			
MUMPS	6-20-84	"			
POLIO	1st. Dose	2nd. Dose	3rd. Dose	Booster	McCullough Df
	12-30-82	5-1-83	9-25-83	9-9-87	
DIPHTHERIA	12-30-82	5-1-83	9-25-83	9-9-87	Td 5-7-97
TETANUS	"	"	"	"	
TUBERCULIN TEST		Reaction		Physician's Name	
				Batek M.D.	
					Phone Number

178

WM CLASS OF 2001

102582 FORT WORTH, TEXAS

STEPHENS, TERRY

**FORT WORTH INDEPENDENT SCHOOL DISTRICT
ELEMENTARY PUPIL CUMULATIVE RECORD**

[illegible]

KINDERGARTEN

[illegible]

Explanation Of Marks:	P-Prerequisite	M-Mastery	I-Introduced	S-Satisfactory	N-Needs Improvement	E-Exceeded Expectations
GRADES ONE THROUGH FIVE						

[illegible][illegible]

EXPLANATION OF MARKS

grades are based on a 0-100 numerical scale with the exception of Art, Health, Physical Education, and Penmanship where S, N, and U will be used in place of numerical grades. These grades will be based on participation, cooperation, performance, behavior and attitude.

70-100 Passing
69-0 Failing

S — Satisfactory
N — Needs Improvement
U — Unsatisfactory

* Explanation of Special Service Grades

Students receiving instruction from special resource teachers and/or working on I.E.P. (Individual Education Plan) have the numerical scale converted to letter equivalents.

Letter

P - Passing
F - Failing

Numerical Grade
70-100
69-0

Music and Citizenship: E—Excellent, N—Needs Improvement;
S—Satisfactory; U—Unsatisfactory

REPORTING PERIOD

SUBJECT	* 1	2	3	Sem. Avg.	4	5	6	Sem. Avg.	Year Avg.
Reading	88	86							
Language	83	76							
Spelling	80	72							
Lang. Arts	80	75							
Grade Avg.									
Math	88	86							
Social Studies	80	87							
Science	92	90							
Health	S	S							
Penmanship	S	S							
Art	S	S							
Classroom Citizenship	S	S							
Physical Education	S	S							
Citizenship	S	S							
Music	S	S							
Citizenship	S	S							

NAME

Bart Waines

GRADE

Third

	Reporting Period					
Days Absent	1	2	3	4	5	6
Days Tardy		1				

X Means NEEDS IMPROVEMENT

	SOCIAL DEVELOPMENT					
Displays a positive attitude	1	2	3	4	5	6
Respects authority						
Assumes responsibility		X				
Cooperative		X				
Talks at appropriate times		X				
Practices self-control (i.e. cafeteria, halls and bathroom)		X				

	WORK HABITS					
Practices good listening habits	1	2	3	4	5	6
Follows directions						
Uses time wisely						
Completes work on time		X				
Thinks and works independently						
Exhibits neatness of work						

TEACHER COMMENTS

* Grades are from Meadowsdale

1.

2.

3.

4.

5.

6.

WHEN IMPRESSED WITH THE SEAL OF THE CITY OF FORT WORTH,
THIS IS CERTIFIED TO BE A TRUE COPY OF THE PERMANENT
RECORD AS FILED IN THE BUREAU OF VITAL STATISTICS.

ISSUED

LOCAL REGISTRAR

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

CHILD		FATHER		MOTHER	
1. NAME (Type or print)	[a] First [b] Middle [c] Last	2. DATE OF BIRTH	3. NAME (Type or print)	[a] First [b] Middle [c] Last	4. DATE OF BIRTH
5. SEX MALE	6. PLACE OF BIRTH - COUNTY TARRANT	7. CITY OR TOWN (If outside city limits, give precinct no.) FORT WORTH	8. NAME (Type or print)	[a] First [b] Middle [c] Last	9. DATE OF BIRTH
10. NAME OF HOSPITAL (If not in hospital, give street address)	11. CITY OR TOWN (If outside city limits, give precinct no.) FORT WORTH	12. INSIDE CITY LIMITS? YES	13. NAME OF HOSPITAL (If not in hospital, give street address)	14. CITY OR TOWN (If outside city limits, give precinct no.) FORT WORTH	15. INSIDE CITY LIMITS? YES
16. RACE WHITE	17. IS FATHER OF SPANISH ORIGIN? NO	18. USUAL OCCUPATION	19. RACE WHITE	20. IS FATHER OF SPANISH ORIGIN? NO	21. USUAL OCCUPATION
22. AGE (At time of this birth)	23. PLACE (State or foreign country) TEXAS	24. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	25. AGE (At time of this birth)	26. PLACE (State or foreign country) TEXAS	27. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
28. MAIDEN NAME	29. IS MOTHER OF SPANISH ORIGIN? NO	30. USUAL OCCUPATION	31. MAIDEN NAME	32. IS MOTHER OF SPANISH ORIGIN? NO	33. USUAL OCCUPATION
34. RACE WHITE	35. IS MOTHER OF SPANISH ORIGIN? NO	36. USUAL OCCUPATION	37. RACE WHITE	38. IS MOTHER OF SPANISH ORIGIN? NO	39. USUAL OCCUPATION
40. AGE (At time of this birth)	41. PLACE (State or foreign country) TEXAS	42. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.	43. AGE (At time of this birth)	44. PLACE (State or foreign country) TEXAS	45. IF YES, SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
46. RESIDENCE - CITY	47. COUNTY TARRANT	48. CITY OR TOWN (If outside city limits, show rural ZIP CODE)	49. RESIDENCE - CITY	50. COUNTY TARRANT	51. CITY OR TOWN (If outside city limits, show rural ZIP CODE)
52. RESIDENCE - STATE TEXAS	53. CITY OR TOWN (If outside city limits, show rural ZIP CODE)	54. STREET ADDRESS (If rural, give location)	55. RESIDENCE - STATE TEXAS	56. CITY OR TOWN (If outside city limits, show rural ZIP CODE)	57. STREET ADDRESS (If rural, give location)
58. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this birth)	59. HOW MANY OTHER CHILDREN WERE BORN ALIVE TO THIS MOTHER (Do not include this birth)?	60. HOW MANY CHILDREN WERE BORN DEAD AFTER 23 WEEKS PREGNANCY?	61. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do not include this birth)	62. HOW MANY OTHER CHILDREN WERE BORN ALIVE TO THIS MOTHER (Do not include this birth)?	63. HOW MANY CHILDREN WERE BORN DEAD AFTER 23 WEEKS PREGNANCY?
21. I hereby certify that this child was born alive on the date stated above			22. ATTENDANT'S SIGNATURE [Signature]		
23. REGISTRAR'S FILE NO. 14417			24. DATE RECD BY LOCAL REGISTRAR [Signature]		
25. REGISTRAR'S SIGNATURE [Signature]			26. DATE SIGNED 10-25-82		
27. REGISTRAR'S SIGNATURE [Signature]			28. DATE SIGNED 10-25-82		

During September 1, 1985, to be promoted from one grade level to the next, a student shall attain an average of 70 or above which is derived by averaging the final numerical grade for language arts, mathematics, social studies, and science. In addition, a student shall attain an average of 70 or above in language arts and in mathematics.

Education Code Section 21.041 ADEQUACY

Students in grades K-6 may not be given credit for a class unless the student is in attendance for at least 160 days per year.

LAW REQUIRES THAT A PARENT/TEACHER CONFERENCE BE HELD WHEN A STUDENT RECEIVES GRADES LESS THAN 70 IN AN ACADEMIC SUBJECT FOR A SIX WEEKS REPORTING PERIOD.

Report is only one method to assist you in evaluating your child's progress. You are encouraged to give examples of your child's work, listen to him/her read, talk with your child, and visit the school for a parent-teacher conference.

CONFERENCE IS DESIRED. PLEASE INDICATE IN THE APPROPRIATE BOX.

Please examine this report, sign, and return it promptly.

<i>Debra Stephens</i>	Parent Request	Teacher Request
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Debra Stephens</i>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

CROWLEY **INDEPENDENT SCHOOL DISTRICT** **Crowley, Texas**

Elementary Student Progress Report **Grades 1-6**

School Year 19 92 - 19 93

Name: Bart Gaines

Grade **3**

School: Jackie Carden Elementary

Homeroom Teacher: Hays

Dear Parent:

A written report cannot accurately describe a student's progress. A student may not perform today the same as he performed yesterday or the same as he will perform tomorrow or next year. Therefore, parent-teacher conferences will be scheduled each year to supplement this progress report. A group conference will be scheduled in September and individual conferences will be scheduled as necessary. You may initiate a parent-teacher conference at any time by calling the school office for an appointment or by indicating the request on the report card.

Maria McLeod
Principal

NAME _____

STANDARDIZED TESTS

GAINES BARTON [REDACTED] 04/91
WESTCREEK ELEM
IOWA TESTS OF BASIC SKILLS FMG-LV8-GR 2
GE N% GE N%
LISTENING 8.8 2% WORD ANALY 2.9 49%
VOCABULARY 2.4 32% READING 1.8 17%
SPELLING 1.0 2% CAPITALIZA 2.9 49%
PUNCTUATIO 1.5 8% USAGE/EXPR 3.6 64%
VISUAL MAT 4.3 88% REFER MAT 1.9 18%
MATH CONC 2.2 21% MATH PROB 1.4 8%
MATH COMPU 2.7 40% TOTAL MATH 2.1 15%
TOTAL LANG 2.3 29% BASIC COMP 2.0 17%
TOTAL COMP 2.2 23%

~~TEST~~ CONFIDENTIAL
TEST DATE: 10/91
STUDENT: GAINES BARTON
BIRTH DATE: 10/25/82
STUDENT ID (PEIMS): [REDACTED]
DISTRICT: 220-905 FORT WORTH ISD
CAMPUS: 178 WESTCREEK EL

G
R
A
D
E

03

	SCALE SCORE	MET MINIMUM EXPECTATIONS
WRITING	1400	NO
READING	1480	NO
MATHEMATICS	1480	NO

TEA STUDENT WITHDRAWAL/RECORD TRANSFER FORM

Crowley District Name 220 912 041 County District Campus No. H.F. Stevens Middle School Campus Name 1016 Hwy 1187 Address Crowley TX 76036 City State Zip (817) 297-4356 Campus Phone Number	LEGAL NAME <u>Barton Ray Jones</u> (First) (Middle) (Last) Jr. _____ Sr. _____ II _____ III _____ IV _____ V _____ DATE OF BIRTH: <u>10/25/1982</u> SEX: M <input checked="" type="checkbox"/> F _____	Social Security Number (or) State-Approved Alt. ID ID last reported to PEIMS <u>16855</u> Local Student ID Number
---	---	--

Original Entry Date: <u>8/14/1997</u> (current school year) Last Withdrawal Date: <u>10/21/1997</u> Placed in Grade _____ Promoted to Grade _____ FREE/REDUCED LUNCH ELIGIBILITY: Yes _____ No _____ OTHER ECONOMIC DISADVANTAGE: Yes _____ No _____	ETHNICITY: American Ind/Alaskan _____ Asian/Pacific Islander _____ Black _____ Hispanic _____ White/Not Hispanic <input checked="" type="checkbox"/> CURRENT GRADE LEVEL: <u>8</u>	Grade(s) of Retention (PK-4): _____ N/A _____ Grade(s) of Retention (5-8): _____ N/A _____ SUSPENSION/REMOVAL: None _____ Emergency removal _____ Out-of-School Suspension _____ Alternative Program _____ Expulsion _____
---	--	--

SPECIAL PROGRAM INFORMATION SPECIAL EDUCATION: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Speech Therapy: Yes _____ No _____ Special Ed Instructional Setting: <u>C.M.</u> CHAPTER 1: Reg _____ M _____ No _____ GIFTED/TALENTED: Yes _____ No _____ LEP: Yes _____ No _____ ESL: Yes _____ No _____ BILINGUAL: Yes _____ No _____ MIGRANT STATUS: _____ Not Applicable _____ I. Ag _____ Interstate Fsh _____ II. State Ag _____ Intrastate Fsh _____ Former Ag _____ Former Fsh _____ HOME LANGUAGE: Spanish _____ Vietnamese _____ Cambodian _____ Laotian _____ Chinese _____ Korean _____ Other _____ MSRTS ID Number: (if applicable) _____	IMMUNIZATION/DISEASE/TESTING DATES: _____ EXEMPTIONS: M _____ R _____ DTP/DT/ID: _____ Polio: _____ M _____ R _____ <u>See attached</u> Measles: _____ M _____ R _____ Mumps: _____ M _____ R _____ Rubella: _____ M _____ R _____ Hib: _____ M _____ R _____ Spinal: _____ Result: _____ Other Health Problems: _____
---	---

CURRENT SIX-WEEK GRADES (Please attach most recent report card also) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Period</th> <th rowspan="2">Book Returned</th> <th rowspan="2">Course Code — Abbreviation</th> <th rowspan="2">Credit Type</th> <th rowspan="2">Course Semester</th> <th colspan="2">Absences</th> <th rowspan="2">Withdrawal Grade</th> <th rowspan="2">Teacher Initials</th> </tr> <tr> <th>Ex.</th> <th>Unex.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>Math Curr</td> <td></td> <td></td> <td></td> <td></td> <td>80</td> <td>33</td> </tr> <tr> <td>2</td> <td></td> <td>Science So. Studies</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td></td> <td>Comp. Math</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4</td> <td></td> <td>History W. Studies</td> <td></td> <td></td> <td></td> <td></td> <td>72</td> <td>33</td> </tr> <tr> <td>5</td> <td></td> <td>Reading Comp. Writing</td> <td></td> <td></td> <td></td> <td></td> <td>55</td> <td>33</td> </tr> <tr> <td>6</td> <td></td> <td>Foreign Language</td> <td></td> <td></td> <td></td> <td></td> <td>50</td> <td>RWC</td> </tr> <tr> <td>7</td> <td></td> <td>Art & Music</td> <td></td> <td></td> <td></td> <td></td> <td>70</td> <td>33</td> </tr> </tbody> </table>	Period	Book Returned	Course Code — Abbreviation	Credit Type	Course Semester	Absences		Withdrawal Grade	Teacher Initials	Ex.	Unex.	1		Math Curr					80	33	2		Science So. Studies							3		Comp. Math							4		History W. Studies					72	33	5		Reading Comp. Writing					55	33	6		Foreign Language					50	RWC	7		Art & Music					70	33	MOST RECENT TEAMS/TAAS TEST RESULTS Exemptions: Yes _____ No _____ Last Test Date: _____ Grade Level (of last test): _____ Math Scale Score: _____ Math Mastery: Yes _____ No _____ Reading Scale Score: _____ Reading Mastery: Yes _____ No _____ Writing Scale Score: _____ Writing Mastery: Yes _____ No _____
Period						Book Returned	Course Code — Abbreviation			Credit Type	Course Semester	Absences		Withdrawal Grade	Teacher Initials																																																												
	Ex.	Unex.																																																																									
1		Math Curr					80	33																																																																			
2		Science So. Studies																																																																									
3		Comp. Math																																																																									
4		History W. Studies					72	33																																																																			
5		Reading Comp. Writing					55	33																																																																			
6		Foreign Language					50	RWC																																																																			
7		Art & Music					70	33																																																																			

SIGNATURES <u>[Signature]</u> (Vice Principal/Principal) <u>[Signature]</u> (Counselor) <u>[Signature]</u> (Registrar/Secretary) <u>James Gray Adams</u> (parent, guardian, or student)	Records Requester (please circle one): District/Parent/Guardian/Student District Name: (if requester) Withdrawal Reason: <u>Stepping Stones Private</u> <u>Barton Ray Jones</u> am requesting this information for student enrollment in _____ (city, state, or district)
--	--

TAKE THIS FORM WHEN ENROLLING IN YOUR NEW SCHOOL — IT IS NECESSARY FOR ENROLLMENT

Phone (512) 463-9800

PEIMS-100R91

OCT 24, 1997

CLASS ATTENDANCE - STUDENT DETAIL BY PERIOD

CAT021-05

SCHOOL: 0041 H. F. STEVENS MIDDLE SCHOOL
GRADE: 08

DATES: 8-15-97 THROUGH 10-21-97
ALL PERIODS

PAGE 1

PD	DATE	CLASS	SECT	SUBJECT	CODE	REASON	TOT	EXC	UNEXC	TOT	EXC	UNEXC	RPT	ACT	ADA
----	------	-------	------	---------	------	--------	-----	-----	-------	-----	-----	-------	-----	-----	-----

***** GAINES, BARTON KAY 1885 *****

1	8-28	3820	01	MATH 8	05	UNEX/NOCONT	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-05	3820	01	MATH 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-08	3820	01	MATH 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-09	3820	01	MATH 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-16	3820	01	MATH 8	01	ILLNESS	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-22	3820	01	MATH 8	11	DOCTOR APPOINTMENT	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-26	3820	01	MATH 8	04	UNEXCUSED	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	9-30	3820	01	MATH 8	04	UNEXCUSED	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	10-07	3820	01	MATH 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
1	10-13	3820	01	MATH 8	01	ILLNESS	Y	Y	Y	Y	Y	Y	Y	Y	Y

PERIOD 1 TOTALS 1 9 6 3 5

2	8-28	3830	02	SCIENCE 11	05	UNEX/NOCONT	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-03	3830	02	SCIENCE 11	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-05	3830	02	SCIENCE 11	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-08	3830	02	SCIENCE 11	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-09	3830	02	SCIENCE 11	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-15	3830	02	SCIENCE 11	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-16	3830	02	SCIENCE 11	01	ILLNESS	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-17	3830	02	SCIENCE 11	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-18	3830	02	SCIENCE 11	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
2	9-22	3830	02	SCIENCE 11	11	DOCTOR APPOINTMENT	Y	Y	Y	Y	Y	Y	Y	Y	Y

PERIOD 2 TOTALS 4 6 5 1 2

3	8-28	4851	08	COMPUTER LIT. 8	05	UNEX/NOCONT	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	9-05	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	9-08	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	9-09	4851	08	COMPUTER LIT. 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	9-16	4851	08	COMPUTER LIT. 8	01	ILLNESS	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	9-22	4851	08	COMPUTER LIT. 8	11	DOCTOR APPOINTMENT	Y	Y	Y	Y	Y	Y	Y	Y	Y
3	10-10	4851	08	COMPUTER LIT. 8	04	UNEXCUSED	Y	Y	Y	Y	Y	Y	Y	Y	Y

PERIOD 3 TOTALS 7 5 2 3

4	8-18	3840	04	U.S. HISTORY 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	8-19	3840	04	U.S. HISTORY 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	8-28	3840	04	U.S. HISTORY 8	05	UNEX/NOCONT	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-05	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-08	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-09	3840	04	U.S. HISTORY 8	07	SUSPENDED/70% CR	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-11	3840	04	U.S. HISTORY 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-16	3840	04	U.S. HISTORY 8	01	ILLNESS	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	9-22	3840	04	U.S. HISTORY 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y
4	10-10	3840	04	U.S. HISTORY 8	01	LATE	Y	Y	Y	Y	Y	Y	Y	Y	Y

PERIOD 4 TOTALS 5 5 4 1 2

CLASS ATTENDANCE - STUDENT DETAIL BY PERIOD

STUDENT DETAIL BY

15-57 THRU

SCHOOL: 0041 H. F. STEVENS MIDDLE SCHOOL

CD	DATE	CLASS	SECT	SUBJECT	CODE	REASON
					TOT	EXC UNEXC RPT ACT ADA

GAINES, BARTON RAY

16835

[illegible]

PERIOD 5 TOTALS 3 5 4 1 2

6	8-26	3810	06	ENGLISH 8	01	LATE		Y		
6	8-28	3810	06	ENGLISH 8	05	UNEK/NOCNT		Y	Y	
6	9-06	3810	06	ENGLISH 8	07	SUSPENDED/70% CR		Y	Y	
6	9-08	3810	06	ENGLISH 8	07	SUSPENDED/70% CR		Y	Y	
6	9-09	3810	06	ENGLISH 8	07	SUSPENDED/70% CR		Y	Y	
6	9-11	3810	06	ENGLISH 8	01	LATE		Y		
6	9-12	3810	06	ENGLISH 8	01	LATE		Y		
6	10-07	3810	06	ENGLISH 8	01	LATE		Y		
6	10-13	3810	06	ENGLISH 8	01	ILLNESS		Y	Y	Y

PERIOD	6	TOTALS	4	5	4	1	2

[illegible]

PERIOD	7	TOTALS	4	5	4	1	2

[illegible]

CITATION PAGE

-- TARDY --		*-- ABSENT --*	
TOT	EXC	GRD	SCHL
TOT	EXC	UNEXC	RPT
	ACT	ADA	

GAINES, BARTON RAY
16865 *****

LATE *****
Y *****

[illegible]

PERIOD 3 TOTALS	16	5	4	1	2
STUDENT TOTALS	37	47	36	11	20

Bess Race Elementary School
512 Peach Street
Crowley, TX 76036-3119

Texas Education Agency

Attachment C

Student Withdrawal/Record Transfer Form

Crowley ISD District Name 220 912 101 County-District-Campus Number Bess Race Elementary Campus Name (817) 297-5860 Campus Phone Number	LEGAL NAME Barton Rav Gaines (First) (Middle) (Last) Jr. Sr. II III IV V DATE OF BIRTH: 10 25 1982 SEX: M <input checked="" type="checkbox"/> F	[REDACTED] (or) State-Approved Alt. ID ID last reported to PEIMS 16855 Local Student ID Number
---	--	--

Original Entry Date: Aug. 15 1995 (current school year) Last Withdrawal Date: Aug. 16 1995 Placed in Grade _____ Promoted to Grade _____ FREE/REDUCED LUNCH ELIGIBILITY: Yes _____ No _____ OTHER ECONOMIC DISADVANTAGE: Yes _____ No _____	ETHNICITY: American Ind/Alaskan _____ Asian/Pacific Islander _____ Black _____ Hispanic _____ White/Not Hispanic <input checked="" type="checkbox"/> CURRENT GRADE LEVEL: 6	Grade(s) of Retention (PK-4): _____ N/A Grade(s) of Retention (5-8): _____ N/A SUSPENSION/REMOVAL: None _____ Emergency removal _____ Out-of-School Suspension _____ Alternative Program _____ Expulsion _____
--	---	---

SPECIAL PROGRAM INFORMATION SPECIAL EDUCATION: Yes _____ No _____ Speech Therapy: Yes _____ No _____ Special Ed Instructional Setting: _____ CHAPTER I: Reg _____ M _____ No _____ GIFTED/TALENTED: Yes _____ No _____ LEP: Yes _____ No _____ ESL: Yes _____ No _____ BILINGUAL: Yes _____ No _____ MIGRANT STATUS: _____ Not Applicable _____ Interstate Ag _____ Interstate Fsh _____ Intrastate Ag _____ Intrastate Fsh _____ Former Ag _____ Former Fsh _____ HOME LANGUAGE: _____ Spanish _____ Vietnamese _____ Cambodian _____ Laotian _____ Chinese _____ Korean _____ Other <input checked="" type="checkbox"/>	IMMUNIZATION/DISEASE/TESTING <table border="1"><thead><tr><th></th><th>DATES:</th><th>EXEMPTIONS:</th></tr></thead><tbody><tr><td>DPT/DT/DT:</td><td></td><td>M _____ R _____</td></tr><tr><td>Polio:</td><td></td><td>M _____ R _____</td></tr><tr><td>Measles:</td><td></td><td>M _____ R _____</td></tr><tr><td>Mumps:</td><td></td><td>M _____ R _____</td></tr><tr><td>Rubella:</td><td></td><td>M _____ R _____</td></tr><tr><td>Hib:</td><td></td><td>M _____ R _____</td></tr><tr><td>Spinal:</td><td></td><td>Result _____</td></tr><tr><td>Other Health Problems:</td><td></td><td></td></tr></tbody></table>		DATES:	EXEMPTIONS:	DPT/DT/DT:		M _____ R _____	Polio:		M _____ R _____	Measles:		M _____ R _____	Mumps:		M _____ R _____	Rubella:		M _____ R _____	Hib:		M _____ R _____	Spinal:		Result _____	Other Health Problems:		
	DATES:	EXEMPTIONS:																										
DPT/DT/DT:		M _____ R _____																										
Polio:		M _____ R _____																										
Measles:		M _____ R _____																										
Mumps:		M _____ R _____																										
Rubella:		M _____ R _____																										
Hib:		M _____ R _____																										
Spinal:		Result _____																										
Other Health Problems:																												

MSRTS ID Number: (if applicable) _____

CURRENT SIX/WEEKS GRADES
(Please attach most recent report card also)

**MOST RECENT TEAMS/TAAS
TEST RESULTS**

Period	Course Code—Abbreviation	Credit Type	Course Semester	Absences		Withdrawal Grade	Teacher Initials
				Ex.	Unex.		

Exemptions: Yes _____ No _____

Last Test Date: _____

Grade Level (of last test) _____

Math Scale Score _____

Math Mastery: Yes _____ No _____

Reading Scale Score _____

Reading Mastery: Yes _____ No _____

Writing Scale Score _____

Writing Mastery: Yes _____ No _____

Course Semester = (0 = 1 semester only, 1 = first of 2 semesters, 2 = second of 2 semesters)

SIGNATURES	
1. <u>[Signature]</u> (Principal/Principal)	Records Requestor (please circle one) District/Parent/Guardian/Student
2. <u>[Signature]</u> (Counselor)	District Name: (if requestor) _____
3. <u>[Signature]</u> (Registrar/Secretary)	Withdrawal Reason: <u>not a school boundary</u>
I, _____ am requesting this information for student enrollment in _____ (city, state, or district)	

TAKE THIS FORM WHEN ENROLLING IN YOUR NEW SCHOOL—IT IS NECESSARY FOR ENROLLMENT

PEIMS Division (512) 463-9800

PEIMS-100RS

Books Cleared _____

Cafeteria Charges Cleared _____

Library Charges Cleared _____

Texas Education Agency
Student Withdrawal/Record Transfer Form

Rowley I.S.D. District Name 220 - 912 - 105 County-District-Campus Number Jackie Carden Elem. Campus Name (817) 370-9779 Campus Phone Number	LEGAL NAME <u>Barton Rau Gaines</u> (First) (Middle) (Last) Jr Sr II III IV V DATE OF BIRTH: <u>10 25 82</u> SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	[Redacted] (OR) State-Approved Alt. ID [Redacted] ID last reported to PEIMS <u>16853</u> Local Student ID Number
---	--	--

Original Entry Date: <u>09 15 92</u> (current school year) Last Withdrawal Date: <u>11 30 92</u> Placed in Grace _____ Promoted to Grade _____ FREE/REDUCED LUNCH ELIGIBILITY: Yes _____ No _____ OTHER ECONOMIC DISADVANTAGE: Yes _____ No _____	ETHNICITY: American Ind/Alaskan <input checked="" type="checkbox"/> Asian/Pacific Islander _____ Black _____ Hispanic _____ White/Not Hispanic _____ CURRENT GRADE LEVEL: <u>3</u>	Grade(s) of Retention (PK-4): <u>3</u> N/A Grade(s) of Retention (5-8): _____ N/A SUSPENSION/REMOVAL: None <input checked="" type="checkbox"/> Emergency removal _____ Out-of-School Suspension _____ Alternative Program _____ Expulsion _____
--	--	---

SPECIAL PROGRAM INFORMATION		IMMUNIZATION/DISEASE/TESTING	
SPECIAL EDUCATION: Yes _____ No _____ Speech Therapy: Yes _____ No <input checked="" type="checkbox"/> Special Ed Instructional Setting: _____ CHAPTER I: Reg _____ M _____ No _____ GIFTED/TALENTED: Yes _____ No _____ LEP: Yes _____ No _____ ESL: Yes _____ No _____ BILINGUAL: Yes _____ No _____ STATUS: _____ Not Applicable _____ Interstate Ag _____ Interstate Fsh _____ Intrastate Ag _____ Intrastate Fsh _____ Former Ag _____ Former Fsh _____ MSRTS ID Number: (if applicable) _____		DATES: _____ EXEMPTIONS: _____ M _____ R _____ DPT/TD/DT: _____ Polio: _____ M _____ R _____ Measles: _____ M _____ R _____ Mumps: _____ M _____ R _____ Rubella: _____ M _____ R _____ Hib: _____ M _____ R _____ Spinal: _____ Result: _____ Other Health Problems: _____	
HOME LANGUAGE: Spanish _____ Vietnamese _____ Cambodian _____ Laotian _____ Chinese _____ Korean _____ Other <input checked="" type="checkbox"/>			

CURRENT SIX/WEEKS GRADES (Please attach most recent report card also)						MOST RECENT TEAMS/TAAS TEST RESULTS	
Period	Course Code—Abbreviation	Credit Type	Course Semester	Absences Ex. Unex.	Withdrawal Grade	Teacher Initials	Exemptions: Yes _____ No _____
	Spelling				90	UH	Last Test Date: _____
	Language				89	UH	Grade Level (of last test): _____
	Reading				83	UH	Math Scale Score: _____
	Math				78	UH	Math Mastery: Yes _____ No _____
	Social Studies				91	UH	Reading Scale Score: _____
	Science - last 3 wks. no grades						Reading Mastery: Yes _____ No _____
	Handwriting				5	UH	Writing Scale Score: _____
							Writing Mastery: Yes _____ No _____

Course Semester = (0 = 1 semester only; 1 = first of 2 semesters; 2 = second of 2 semesters)

SIGNATURES		Records Requestor (please circle one): District/Parent/Guardian/Student
1. <u>Misha Mikheevich</u> (Principal/Principal)		District Name: (if requestor) _____
2. <u>[Signature]</u> (Counselor)		Withdrawal Reason: _____
3. <u>[Signature]</u> (Registrar/Secretary)		
I am requesting this information for student enrollment in _____ (parent, guardian, or student)		(city, state, or district)

TEXAS EDUCATION AGENCY
Student Withdrawal/Record Transfer Form

Attachment C

CROWLEY I.S.D.
MEADOWCREEK ELEMENTARY SCHOOL
2601 COUNTRY CREEK LANE
FORT WORTH, TX. 76123

Crowley I.S.D. District Name <u>220 - 912 - 104</u> County-District-Campus Number <u>Meadowcreek</u> Campus Name <u>(817) 346-6171</u> Campus Phone Number	LEGAL NAME <u>Barton Ray Gaines</u> (First) (Middle) (Last) Jr Sr II III IV V DATE OF BIRTH: <u>10 25 19 82</u> SEX: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	<div style="background-color: black; width: 100px; height: 40px; margin-bottom: 10px;"></div> (OR) State-Approved Alt ID ID last reported to PEIMS <u>16855</u> Local Student ID Number
--	--	---

Original Entry Date: <u>8 18 19 92</u> (current school year) Last Withdrawal Date: <u>9 15 19 92</u> CURRENT GRADE LEVEL: <u>3</u> Placed in Grade _____ Promoted to Grade _____	ETHNICITY: American Ind/Alaskan _____ Asian/Pacific Islander _____ Black _____ Hispanic _____ White/Not Hispanic <input checked="" type="checkbox"/>	Grade(s) of Retention (PK-4): <u>3</u> N/A _____ Grade(s) of Retention (5-8): _____ N/A _____ SUSPENSION/REMOVAL: None _____ Emergency removal _____ Out-of-School Suspension _____ Alternative Program _____ Expulsion _____
--	--	--

FREE/REDUCED LUNCH ELIGIBILITY: Yes _____ No _____
 OTHER ECONOMIC DISADVANTAGE: Yes _____ No _____

SPECIAL PROGRAM INFORMATION SPECIAL EDUCATION: Yes _____ No _____ Speech Therapy: Yes _____ No <input checked="" type="checkbox"/> Special Ed Instructional Setting: _____ GIFTED/TALENTED: Yes _____ No _____ LEP: Yes _____ No _____ ESL: Yes _____ No _____ BILINGUAL: Yes _____ No _____ MIGRANT STATUS: _____ Not Applicable _____ Interstate Ag _____ In-state Ag _____ Other Ag _____ HOME LANGUAGE: _____ Spanish _____ Vietnamese _____ Cambodian _____ Laotian _____ Chinese _____ Korean _____ Other <input checked="" type="checkbox"/>	IMMUNIZATION/DISEASE/TESTING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DPT/ID:</th> <th>DATES:</th> <th>EXEMPTIONS:</th> </tr> <tr> <td>(Booster)</td> <td>_____</td> <td>Medical _____</td> </tr> <tr> <td>Polio:</td> <td>_____</td> <td>Religious _____</td> </tr> <tr> <td>(Booster)</td> <td>_____</td> <td>Medical _____</td> </tr> <tr> <td>Measles/</td> <td>_____</td> <td>Religious _____</td> </tr> <tr> <td>Rubeola:</td> <td>_____</td> <td>Medical _____</td> </tr> <tr> <td>(Booster)</td> <td>_____</td> <td>Religious _____</td> </tr> <tr> <td>Influenza:</td> <td>_____</td> <td>Result: _____</td> </tr> <tr> <td>TB Test:</td> <td>_____</td> <td>Result: _____</td> </tr> <tr> <td>Spinal:</td> <td>_____</td> <td></td> </tr> <tr> <td>Other Health Problems:</td> <td>_____</td> <td></td> </tr> </table>	DPT/ID:	DATES:	EXEMPTIONS:	(Booster)	_____	Medical _____	Polio:	_____	Religious _____	(Booster)	_____	Medical _____	Measles/	_____	Religious _____	Rubeola:	_____	Medical _____	(Booster)	_____	Religious _____	Influenza:	_____	Result: _____	TB Test:	_____	Result: _____	Spinal:	_____		Other Health Problems:	_____	
DPT/ID:	DATES:	EXEMPTIONS:																																
(Booster)	_____	Medical _____																																
Polio:	_____	Religious _____																																
(Booster)	_____	Medical _____																																
Measles/	_____	Religious _____																																
Rubeola:	_____	Medical _____																																
(Booster)	_____	Religious _____																																
Influenza:	_____	Result: _____																																
TB Test:	_____	Result: _____																																
Spinal:	_____																																	
Other Health Problems:	_____																																	

MSRTS ID Number: (if applicable) _____

CURRENT SIX-WEEK GRADES						
(Please attach most recent report card also)						
Period	Course Code—Abbreviation	Credit Type	Course Semester	Absences	Current Grade	Teacher Initials
	Spelling				96	
	Reading				88	
	English				63	
	Math				87	
	Science				02	
	Art				83	
	Health				5	

Course Semester = (0 = 1 semester only; 1 = first of 2 semesters; 2 = second of 2 semesters)

MOST RECENT TEAMS/TAAS TEST RESULTS	
Exemptions: Yes _____ No _____	Last Test Date: _____
Grade Level (of last test): _____	Math Scale Score: _____
	Math Mastery: Yes _____ No _____
	Reading Scale Score: _____
	Reading Mastery: Yes _____ No _____
	Writing Scale Score: _____
	Writing Mastery: Yes _____ No _____

SIGNATURES

1. _____ (Vice Principal/Principal)
 2. Mrs. Kay Mott (Teacher)
 _____ (Registrar/Secretary)
 _____ (parent, guardian, or student) am requesting this information for student enrollment in _____ (city, state, or district)

Records Requestor (please circle one): District/Parent/Guardian/Student
Withdrawal Reason: Jackie Carden - moved

Thump
Km 10:
Attachme

Texas Education Agency
Student Withdrawal/Record Transfer Form

FORT WORTH ISD
District Name
220 905 178
County-District-Campus Number
WESTCREEK ELEMENTARY
Campus Name
(817) 370-5850
Campus Phone Number

LEGAL NAME
Marlon L. Shines
(First) (Middle) (Last)
Jr Sr II III IV V
DATE OF BIRTH: 10 25 19 82 SEX: M ☒ F

(OR)
State-Approved All ID
Above
ID last reported to PEIMS
Above
Local Student ID Number

Original Entry Date: 08 26 19 91
(current school year)
Last Withdrawal Date: 04 16 19 92
Placed in Grade _____ Promoted to Grade _____
FREE/REDUCED LUNCH ELIGIBILITY: Yes _____ No _____
OTHER ECONOMIC DISADVANTAGE: Yes _____ No _____

ETHNICITY:
American Ind/Alaskan _____
Asian/Pacific Islander _____
Black _____
Hispanic _____
White/Not Hispanic ☒
CURRENT GRADE LEVEL: 03

Grade(s) of Retention (PK-4): _____ N/A
Grade(s) of Retention (5-8): _____ N/A
SUSPENSION/REMOVAL: None _____
Emergency removal _____
Out-of-School Suspension _____
Alternative Program _____
Expulsion _____

SPECIAL PROGRAM INFORMATION
SPECIAL EDUCATION: Yes _____ No _____
Speech Therapy: Yes _____ No _____
Special Ed Instructional Setting: _____
CHAPTER I: Reg _____ M _____ No _____
GIFTED/TALENTED: Yes _____ No _____
LEP: Yes _____ No _____
ESL: Yes _____ No _____
BILINGUAL: Yes _____ No _____
MIGRANT STATUS: _____
Not Applicable _____
Interstate Ag _____ Interstate Fsh _____
Intrastate Ag _____ Intrastate Fsh _____
Former Ag _____ Former Fsh _____
HOME LANGUAGE:
Spanish _____
Vietnamese _____
Cambodian _____
Laotian _____
Chinese _____
Korean _____
Other _____
MSRTS ID Number: (if applicable) _____

IMMUNIZATION/DISEASE/TESTING
DPT/TD/OT: _____ DATES: _____ EXEMPTION: M _____ R _____
Polio: _____ M _____ R _____
Measles: _____ M _____ R _____
Mumps: _____ M _____ R _____
Rubella: _____ M _____ R _____
Hib: _____ M _____ R _____
Spinal: _____ Result: _____
Other Health Problems: _____

CURRENT SIX/WEEKS GRADES
(Please attach most recent report card also)

Present 27 MOST RECENT TEAMS/TAAS
Absent 1 TEST RESULTS

Period	Course Code—Abbreviation	Credit Type	Course Semester	Absences Ex. Unex.	Withdrawal Grade	Teacher Initials
1	Reading	80				CP
2	Science	72				CP
3	Language Arts	80				CP
4	Social Studies	80				CP
5	Math	80				CP
6	Spelling	70				CP

Course Semester = (0 = 1 semester only; 1 = first of 2 semesters; 2 = second of 2 semesters)

Exemptions: Yes _____ No _____
Last Test Date: _____
Grade Level (of last test): _____
Math Scale Score: _____
Math Mastery: Yes _____ No _____
Reading Scale Score: _____
Reading Mastery: Yes _____ No _____
Writing Scale Score: _____
Writing Mastery: Yes _____ No _____

SIGNATURES

1. Carl Vance (Vice Principal/Principal)
2. _____ (Counselor)
3. _____ (Registrar/Secretary)
Records Requestor (please circle one): District/Parent/Guardian/Student
District Name: (if requestor) _____
Withdrawal Reason: 07 Crowley
I, _____ am requesting this information for student enrollment in _____ (city, state, or district)

TAKE THIS FORM WHEN ENROLLING IN YOUR NEW SCHOOL—IT IS NECESSARY FOR ENROLLMENT

REFERRAL TO SPECIAL EDUCATION

INFORMATION FROM PARENTS

Barton Caines
NAME OF STUDENT

10-05-82
DATE OF BIRTH

13
AGE

Deer Creek
NAME SCHOOL
Elem

☐ ☐ Have student's parents been contacted about this referral?
YES NO Method of contact: ☐ Letter ☒ Telephone ☐ Conference

Contacted by: _____ Position: _____ Date: _____

The following information was obtained from: _____

GENERAL INFORMATION (If additional space is needed, please use the back of this page.)

Corey Adams Fireman
FATHER'S NAME OCCUPATION

Melissa Adams hair
MOTHER'S NAME OCCUPATION
Stylist

With whom does the student live? Please specify:

OTHER CHILDREN IN THE HOME		
Name	Age	Relationship
Justin	13	brother

OTHER ADULTS IN THE HOME		
Name	Age	Relationship
None		

Have any family members had learning problems? Please explain:

Father was dyslexic.

Primary language spoken at home: English

What time does your child go to bed at night? 10:30

Does your child eat breakfast? yes ^{to 11:00}

What activities does the family do together? (For example, watch T.V., go camping, participate in hobbies or sports)

T.V., SPORTS,

What does your child do when not in school? (For example, watch T.V., read, part-time job, play with other children)

Build things with
Saws & lumber.

HEALTH HISTORY

Compared to other children in the family, this child's development has been:

☐ slower. ☐ about the same. ☐ faster.

was an only child

Briefly describe any serious illnesses, accidents, or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalization.

none

☐ YES ☒ NO Is your child under the care of a physician for a medical problem? If YES, please explain:

☐ YES ☒ NO Were there any problems before, during, or immediately after birth? If YES, please explain:

☐ YES ☐ NO Is your child now taking any medicines? If YES, please explain:

allergy.
atrophist

☐ YES ☐ NO Does your child appear to have any other physical health problems, including allergies? If YES, please explain:

allergies

☐ YES ☐ NO Has your child ever taken medicine for a long period of time? If YES, please explain:

allergy medicine
over about 1 year.

☐ YES ☒ NO Do you know of any side effects the medicine might have? If YES, please explain:

2-14-92 447-165

*SIGNATURE OF PARENT

NAME OF PARENT OR GUARDIAN*

STREET ADDRESS

DATE

HOME PHONE NO

WORK NO

CITY

STATE

ZIP CODE

*SIGNATURE OF PERSON COMPLETING THIS SECTION

*POSTION

DATE

*Denotes required items

* DATE OF REPORT:

4-10-96

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

- ☒ Initial Assessment
☐ Reevaluation
☐ Special Request by
ARD Committee

COMPREHENSIVE INDIVIDUAL ASSESSMENT, PART I

Eligibility Report: LEARNING DISABILITY

<u>Bart Gaines</u> NAME OF STUDENT	<u>10-25-82</u> DATE OF BIRTH	<u>13</u> AGE
<u>Deer Creek</u> NAME OF SCHOOL	<u>6</u> GRADE	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

PROFESSIONAL EVALUATORS: General education teacher, person trained/certified in the area of learning disabilities, and assessment specialist

STANDARDIZED INTELLIGENCE AND ACHIEVEMENT TEST SCORES

*Based on the Comprehensive Individual Assessment, Part I--Determination of Disability and Educational Need:

*The student's performance on the standardized intelligence test indicates that his/her assessed intellectual ability is above the mentally retarded range.

*The student has been administered standardized achievement tests in areas in which s/he has had appropriate learning experiences.

*METHOD OF DETERMINING SEVERE DISCREPANCY (Check (✓) method used)

☒ *METHOD I--Determination of Severe Discrepancy: Based upon a comparison of standardized intelligence and achievement test scores.

☒ YES ☐ NO The measures used to assess intellectual ability and achievement have the same mean and standard deviation. If no, show the method used to convert standard scores to a common metric:

*Complete the following table:

- Check (✓) if the student's achievement in a particular area was assessed.
- List the mean, standard deviation, and standard scores of the intelligence and achievement measures.
- Show the degree of the discrepancy between intelligence and achievement in area assessed by subtracting the standard score of the achievement test from the standard score on the intelligence test if both sets of scores have the same mean and standard deviation. Otherwise convert to a common metric before subtracting.
- Indicate whether the degree of the discrepancy is severe (i.e., more than one standard deviation difference).

(✓)	SKILL AREA	MEAN	STANDARD DEVIATION	STANDARD SCORES		* DEGREE OF DISCREPANCY	* SEVERE DISCREPANCY	
				INTELLIGENCE	ACHIEVEMENT		YES	NO
	Oral Expression							
	Listening Comprehension							
✓	Written Expression	100	15	94	77	-17	✓	
✓	Basic Reading Skill	1	1	1	81	-13		✓
✓	Reading Comprehension	1	1	1	90	-4		✓
✓	Mathematics Calculations	1	1	1	84	-10		✓
✓	Mathematics Reasoning	1	1	1	96	+2		✓

¹Spelling is no longer named in state statute as a skill area.

*Denotes required items

If the student has a severe discrepancy using METHOD I, go to CLASSROOM OBSERVATION OF STUDENT'S BEHAVIOR.

☐ *METHOD II--Determination of Severe Discrepancy

- ☐ *Due to the lack of appropriate test instruments, the multidisciplinary assessment team is unable to assess this student using Method I, OR
- ☐ *Although this student does not meet the criteria according to Method I, the multidisciplinary assessment team believes a severe discrepancy exists.

*Check (✓) the area(s) in which the multidisciplinary assessment team believes a severe discrepancy exists:

- | | |
|--|--|
| <input type="checkbox"/> Oral expression | <input type="checkbox"/> Reading comprehension |
| <input type="checkbox"/> Listening comprehension | <input type="checkbox"/> Mathematics calculation |
| <input type="checkbox"/> Written expression | <input type="checkbox"/> Mathematics reasoning |
| <input type="checkbox"/> Basic reading skill | |

AND

*Indicate the basis for determining the severe discrepancy. (This information may be obtained from standardized assessment instruments, reports from parents, observations of classroom performance, student work samples, and other items as needed.)

*CLASSROOM OBSERVATION OF STUDENT'S BEHAVIOR (Must be performed by multidisciplinary assessment team member other than the student's general education teacher.) The purpose of the observation is to record the student's behavior in an area where his/her achievement is lagging behind learning potential. Describe *relevant classroom behavior, including the *relationship of the student's classroom behavior to his/her educational functioning. (Areas to be addressed may include: attention skills, comprehension and expressive skills, ability for independent work, and problem solving strategies.)¹

read book independently - on task most of time
some talking to neighbors
cooperated

Cory Patterson
*NAME OF OBSERVER

Diagnostician
POSITION

4-10-96
DATE

¹If the student is less than school age or is out of school, the observation should take place in an environment that is age appropriate.

*Denotes required items

* EDUCATIONALLY RELEVANT MEDICAL FINDINGS (If any)

taking medicine for allergies

* FUNCTIONAL IMPLICATIONS

☒ YES

☐ NO

*Based on the data presented in this report, the multidisciplinary assessment team has determined that the severe discrepancy between achievement and ability exists to a degree such that the student cannot be adequately served in general classes without the provision of special services other than those provided under compensatory education programs. The severe discrepancy is not correctable without special education and related services.

Additional functional implications of the impairment for the educational process:

frequent feedback/reinforcement

reduced distractions

small group/individualized instruction

*Based on the Comprehensive Individual Assessment and data presented in this report, the multidisciplinary assessment team assures that the following have been ruled out as the primary cause of the severe discrepancy: visual, hearing, or motor impairment; mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage.

☒ YES

☐ NO

*Based on the data presented in this report, the student appears to meet the eligibility criteria for a learning disability.

Julie A Choate

*SIGNATURE OF GENERAL EDUCATION TEACHER

classroom teacher

POSITION

AGREE (✓) DISAGREE

✓

Karla Ellis

*SIGNATURE OF PERSON TRAINED/CERTIFIED IN THE AREA OF LEARNING DISABILITIES

CM Teacher

POSITION

✓

Cory Peterson

*SIGNATURE OF ASSESSMENT SPECIALIST

Diagnostician

POSITION

✓

NOTE: If a team member disagrees with the decisions reflected in the report, he/she must submit a separate statement presenting his/her reasons.

* Denotes required items

* DATE OF REPORT:

4-11-96

CROWLEY INDEPENDENT SCHOOL DISTRICT

SPECIAL SERVICES DEPARTMENT

- ☒ Initial Assessment
☐ Reevaluation
☐ Special Request by ARD Committee

COMPREHENSIVE INDIVIDUAL ASSESSMENT, PART II

*Assessment of Learning Competencies¹

<u>Bart Gaines</u> NAME OF STUDENT	<u>10-25-82</u> DATE OF BIRTH	<u>13</u> AGE
<u>Deer Creek</u> NAME OF SCHOOL	<u>6</u> GRADE	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

SOURCES OF DATA: (List names of tests and/or descriptions of sources; include any assessments addressing assistive technology needs.)

*CRITERION REFERENCED OR CURRICULUM-REFERENCED MEASURES	ASSESSMENT DATES	OTHERS (May include norm-referenced measures, grading reports in basic skills, developmental scales, and behavioral measures)	ASSESSMENT DATES
		WJ-R	4-10-96

RESULTS AND INTERPRETATIONS:

SUBJECT MATTER/SKILL AREA	STR	AVG	WKN	SUBJECT MATTER/SKILL AREA	STR	AVG	WKN
READING:				MATH:			
Matches				Counts			
Names colors				Identifies/writes numerals			
Discriminates shapes, letters				Understands place value			
Identifies letters				Knows addition facts		✓	
Consonant letters/sounds				Adds with regrouping		✓	
Vowel letters/sounds				Knows subtraction facts		✓	
Reads sight words		✓		Subtracts with regrouping		✓	
Reads grade-level vocabulary			✓	Knows multiplication facts			✓
Decodes words		✓		Multiplies with regrouping			✓
Reads short passage aloud			✓	Knows division facts			✓
States main idea of paragraph		✓		Performs long division			✓
Recalls details		✓		Tells time		✓	
Arrange events sequentially			✓	Reads a Calendar		✓	
Distinguishes fact/fiction			✓	Works with fractions			✓
Summarizes a selection			✓	Works with decimals			✓
WRITTEN LANGUAGE:				Completes word problems			✓
Traces	✓			Grade level computation skills			✓
Copies		✓		Grade level reasoning skills			✓
Prints with proper size/space			✓	LANGUAGE:			
Writes in cursive			✓	Understands oral directions		✓	
Spells basic sight words		✓		Uses subject/verb agreement		✓	
Spells intermediate words			✓	Speaks in complex sentences			✓
Writes sentences			✓	Relates events sequentially			✓
Capitalizes/Punctuates			✓	Paraphrases a brief passage			✓
Sequences ideas in writing			✓				
Writes in paragraph form			✓				

¹For students with limited English proficiency, competencies in English and other language should be included.

* Denotes required items

SUBJECT MATTER/SKILL AREA	STR	AVG	WKN	SUBJECT MATTER, SKILL AREA	STR	AVG	WKN
SOCIAL/BEHAVIORAL:				PHYSICAL:			
Adapts to new situations		✓		Vision			
Age-appropriate attention span			✓	Hearing			
Completes tasks independently			✓	Fine Motor			
Adheres to class/school rules		✓		Other			
Shows respect for authority		✓					
Accepts responsibility			✓				
Relates well to peers/adults		✓					

Prevocational/Vocational:

(when appropriate)

*Recommended adaptations/modifications of instructional content, settings, methods, or materials in the REGULAR and OTHER SPECIAL and COMPENSATORY AND ACCELERATED INSTRUCTION PROGRAMS (including regular physical education, if indicated) required by this student to achieve and maintain satisfactory progress:

INSTRUCTIONAL CONTENT	SETTING	METHODS	MATERIALS	EXPECTED MASTERY LEVEL
<input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> Language <input checked="" type="checkbox"/> Math <input checked="" type="checkbox"/> Science <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Social Studies	<input checked="" type="checkbox"/> Regular Class <input type="checkbox"/> Regular w/Support	<input checked="" type="checkbox"/> Reduce Assn <input type="checkbox"/> Tape Assn <input checked="" type="checkbox"/> Extra Time <input type="checkbox"/> Oral Response <input type="checkbox"/> Emphasize <input type="checkbox"/> Task Analysis <input type="checkbox"/> Special Projects <input type="checkbox"/> Short Instr. <input checked="" type="checkbox"/> Repeat Instr. <input checked="" type="checkbox"/> Tell Steps <input checked="" type="checkbox"/> Write Instr. <input type="checkbox"/> Response Time	<input type="checkbox"/> Peer Reading <input type="checkbox"/> Highlights <input type="checkbox"/> Taped <input type="checkbox"/> Reading <input type="checkbox"/> Altered Form <input checked="" type="checkbox"/> Study Aids <input type="checkbox"/> Manipulatives <input type="checkbox"/> Large Print <input type="checkbox"/> Braille <input type="checkbox"/> Computer <input type="checkbox"/> Typewriter <input type="checkbox"/> Calculator <input type="checkbox"/> Aug. Devices	<input checked="" type="checkbox"/> 70% <input type="checkbox"/> Other _____

NOTE: Recommendations for IEP goals and short-term objectives may be attached.

* Denotes required items

* Recommended modifications of instructional content, settings, methods, or materials that can ONLY be provided through SPECIAL EDUCATION SERVICES (including adapted physical education, if indicated) required by this student to achieve and maintain satisfactory progress.

INSTRUCTIONAL CONTENT	SETTING	METHODS	MATERIALS	EXPECTED MASTERY LEVEL
<input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> Language <input checked="" type="checkbox"/> Math <input checked="" type="checkbox"/> Science <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Social Studies	<input checked="" type="checkbox"/> Resource/CM <input type="checkbox"/> Self-Contained	<input type="checkbox"/> Shorter Exams <input type="checkbox"/> Oral Exams <input checked="" type="checkbox"/> Open Bk Exams <input type="checkbox"/> Study Carrel <input checked="" type="checkbox"/> Freq. Feedback <input type="checkbox"/> Imm. Feedback <input type="checkbox"/> Minim. Distraction <input type="checkbox"/> Peer Tutoring <input checked="" type="checkbox"/> Peer Pairing <input type="checkbox"/> Dictation <input checked="" type="checkbox"/> CAI	<input type="checkbox"/> Color Trans. <input type="checkbox"/> Copied Notes <input type="checkbox"/> Interpreter <input checked="" type="checkbox"/> Assign. Sheet <input type="checkbox"/> Taped Assign. <input type="checkbox"/> Instr. Aids <input type="checkbox"/> Visual Aids <input type="checkbox"/> Auditory Aids <input type="checkbox"/> Lang/Art Kit <input type="checkbox"/> Outline <input type="checkbox"/> ESL Materials <input checked="" type="checkbox"/> Grade Level Text <input type="checkbox"/> Stevenson	<input checked="" type="checkbox"/> 70% <input type="checkbox"/> Other _____

* Assistive technology needs were considered. Based on the previously addressed competencies:

☐ The assistive technology devices/services needed to provide appropriate special education, related services, or supplementary aids and services:

☐ include: _____

☐ are addressed in the modifications section of this report.

☐ are addressed in the attached report.

☐ other: _____

☒ Assistive technology devices/services are not recommended at this time.

* Recommendations for determining grading criteria and procedures for participation in extracurricular activities and information relative to the appropriate mastery level or levels at which this student should be expected to achieve in order to receive passing grades:

☒ This student's disability does not appear to significantly interfere with his/her ability to meet regular mastery level standards. With the recommended modifications, this student can be expected to meet the district's regular criteria for receiving passing grades and maintaining extracurricular eligibility.

☐ This student's disability appears to significantly interfere with his/her ability to meet regular mastery level standards. Therefore, standards for determining passing grades and maintaining extracurricular eligibility should be based on revised grading criteria for the following subjects/courses:

SUBJECT AREA	REVISION

SIGNATURE OF EVALUATOR

* POSITION

SIGNATURE OF EVALUATOR

POSITION

NOTE: An extra signature block is provided if more than one evaluator participates in this part of the assessment.

* Denotes required item

CROWLEY ISD
SPECIAL EDUCATION
SCREENING COMMITTEE REPORT

Bart Gaines

Name of student

6

Grade

3-15-95

Meeting Date

The screening committee of Deer Creek Elem. school met to discuss the referral for the above student.

We have reviewed the following documentation:

- ☒ Teacher Referral Packet - Page 1-4
- ☒ Health Inventory Packet - Page 5
- ☒ Parent Information Packet - Page 6-8

After reviewing the information above, we recommend the following:

- ☐ Additional strategies in regular education program at this time.
- ☐ Referral to At-Risk Program for possible remedial instruction.
- ☐ Referral to E.S.L. or Bilingual program because of home language.
- ☐ Referral to regular education counselor for services.
- ☐ Referral for speech assessment only. Send packet to Speech Therapist.
- ☒ Referral to Special Education for comprehensive assessment. Send packet to Special Programs office.
- ☐ Psychological evaluation in addition to comprehensive assessment. Attach completed Pre-Referral Behavior Checklist and Pre-Referral Intervention Strategies Documentation. Send packet to Special Programs office.
- ☐ Student is currently in Special Education as Speech Handicapped. For further assessment, complete referral packet is given directly to campus Diagnostician/Associate Psychologist.

*Referrals to Special Education for comprehensive assessment are made when a student is suspected of having a handicapping condition that significantly affects their ability to receive an appropriate education without the provision of special services. Students who are making passing grades with acceptable modifications in the regular curriculum are viewed by state law as receiving an appropriate education and not having a need for special services. If the student is making passing grades, but the referring teacher is modifying to the point where excessive time is being taken from class instruction and/or the student's difficulties may not be accurately reflected in his/her grades, documentation of such efforts, and some indication of the student's difficulty must accompany the referral.

Jim Johnson
Screening Committee Chairperson

Catherine North
Screening Committee Member

Carol A. Bantz
Screening Committee Member

Date received by Special Education: 3-25-96

Date accepted as complete by Special Education: 3-25-96 VG

Date returned incomplete to Screening Committee Chairperson: _____

Complete following information: _____

16855

M-5

* Date Initiated by
REGULAR EDUCATION

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

* Date Received by
SPECIAL EDUCATION

3-25-96

REFERRAL TO SPECIAL EDUCATION
INFORMATION FROM EDUCATIONAL RECORDS

Deer Creek
NAME OF SCHOOL

3-15-96
DATE

Barton Ray Gaines
LEGAL NAME OF STUDENT

10-25-82
DATE OF BIRTH

12
CHRONOLOGICAL AGE

732 Daniels
CURRENT STREET ADDRESS

Crowley
CITY

76036
ZIP

Corey/Melissa Adams
NAME OF PARENT OR GUARDIAN

297-1039
HOME PHONE NO.

→
WORK PHONE NO.

Referred by: Julie Choate Position: Classroom Teacher

REASON FOR REFERRAL: inability to remain focused and on-task

☒ YES ☐ NO Is this student currently enrolled
in school? If NO, explain:

☒ YES ☐ NO Has this student been referred to special education before?
If YES, give previous referral date:

paperwork sent on Oct. 9, 1995 - parent denied testing

☒ YES ☐ NO Has this student been retained?
If YES, list grade level(s):

3rd

☐ YES ☒ NO Has this student been suspended for disciplinary
reasons during the current school year? If YES, explain:

HOME LANGUAGE SURVEY

Date: 4/16/92 Results: English/English

Other language test: _____ Date: _____

For a limited English proficient student, briefly describe the Language Proficiency Assessment Committee's
recommendations:

ATTENDANCE

This student has been absent 4 days out of 133 school days this year to date.
Reasons:

Compared to last year, this year this student has been absent: ☐ more ☐ less ☒ about the same

List all schools previously attended: Bess Race Elementary WD 8/16/95
Jackie Carden Elementary WD 11/30/92
Meadowcreek Elementary WD 9/15/92



TEXAS ASSESSMENT OF ACADEMIC SKILLS

CONFIDENTIAL STUDENT REPORT

NAME: BARTON R. GAINES

STUDENT-ID(PEIMS):

LOCAL-STUDENT-ID: 000016855

DATE OF BIRTH: 10/25/82

CLASS GROUP: PIPES

DISTRICT: 220-912 CROWLEY ISD

CAMPUS: 101 BESS RACE EL

REPORT DATE: JUNE 1995

DATE OF TESTING: SPRING 1995

GRADE: 05

READING

OBJECTIVE
MASTERY*

ITEMS
CORRECT/TESTED

PERFORMANCE STANDARD:
Texas Learning Index of 5-70

READING COMPREHENSION

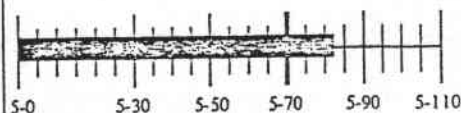
1. Word Meaning
2. Supporting Ideas
3. Summarization
4. Relationships and Outcomes
5. Inferences and Generalizations
6. Point of View, Propaganda, and Fact and Nonfact

NO 4/6
YES 5/6
YES 5/6
YES 6/6
YES 11/12
NO 2/4

TOTAL OBJECTIVES MASTERED: 4 TOTAL ITEMS: 33/40

TEST RESULTS:

Met Minimum Expectations: YES
Texas Learning Index: 5-82



MATHEMATICS

OBJECTIVE
MASTERY*

ITEMS
CORRECT/TESTED

PERFORMANCE STANDARD:
Texas Learning Index of 5-70

CONCEPTS

1. Number Concepts
2. Algebraic/Mathematical Relations and Functions
3. Geometric Properties and Relationships
4. Measurement Concepts
5. Probability and Statistics

YES 4/4
YES 3/4
YES 3/4
YES 4/4
NO 2/4

OPERATIONS

6. Use of Addition to Solve Problems
7. Use of Subtraction to Solve Problems
8. Use of Multiplication to Solve Problems
9. Use of Division to Solve Problems

YES 3/4
NO 0/4
NO 1/4
YES 4/4

PROBLEM SOLVING

10. Problem Solving Using Estimation
11. Problem Solving Using Solution Strategies
12. Problem Solving Using Mathematical Representation
13. Evaluation of the Reasonableness of a Solution

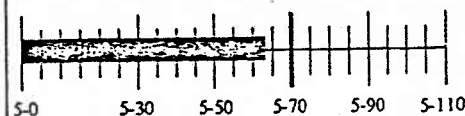
YES 4/4
YES 3/4
NO 1/4
YES 3/4

TOTAL OBJECTIVES MASTERED: 9 TOTAL ITEMS: 35/52

DOCUMENT NO.
6272-08642

TEST RESULTS:

Met Minimum Expectations: NO
Texas Learning Index: 5-63



INFORMATION FROM CLASSROOM TEACHER

Bart Gaines
NAME OF STUDENT

Deer Creek
NAME OF SCHOOL

Attach samples of student's work.

What instructional concerns do you have about this student?

- | | |
|--|---|
| <input checked="" type="checkbox"/> poor progress acquiring basic reading skills | <input checked="" type="checkbox"/> difficulty producing written work |
| <input checked="" type="checkbox"/> poor progress acquiring basic math skills | <input checked="" type="checkbox"/> other: <u>comprehension</u> |
| <input checked="" type="checkbox"/> difficulty in spelling | <input type="checkbox"/> other: |
| | <input type="checkbox"/> none |

What behavioral concerns do you have about this student?

- | | |
|---|--|
| <input checked="" type="checkbox"/> poor attention and concentration | <input type="checkbox"/> extreme mood swings |
| <input type="checkbox"/> noncompliance with teacher directives | <input type="checkbox"/> difficulty working with peers |
| <input checked="" type="checkbox"/> excessively high/low activity level | <input type="checkbox"/> other: |
| <input checked="" type="checkbox"/> difficulty following directions | <input type="checkbox"/> other: |
| | <input type="checkbox"/> none |

RATE STUDENT'S BEHAVIOR IN EACH OF THE FOLLOWING AREAS:

Circle one: 1=poor 2=below average 3=average 4=above average 5=superior N=not observed
For Sections A, B, C, and D: Rate student's behavior in relation to other students of the same AGE.

A. Receptive English Language Skills

- | | |
|-------------------------------------|---------------|
| 1. Comprehends word meanings | 1 (2) 3 4 5 N |
| 2. Follows oral instructions | 1 (2) 3 4 5 N |
| 3. Comprehends classroom discussion | 1 (2) 3 4 5 N |
| 4. Remembers information just heard | 1 (2) 3 4 5 N |

B. Expressive English Language Skills

- | | |
|--|---------------|
| 1. Displays adequate vocabulary | 1 (2) 3 4 5 N |
| 2. Uses adequate grammar for general understanding | 1 2 (3) 4 5 N |
| 3. Expresses self fluently when called upon to speak | 1 (2) 3 4 5 N |
| 4. Relates a sequence of events in order (telling a story) | 1 2 (3) 4 5 N |
| 5. Organizes and relates ideas and factual information | 1 (2) 3 4 5 N |

C. Emotional/Behavioral/Social

- | | |
|--|---------------|
| 1. Generally cooperates or complies with teacher requests | 1 2 (3) 4 5 N |
| 2. Adapts to new situations without getting upset | 1 2 (3) 4 5 N |
| 3. Accepts responsibility for own actions | 1 2 (3) 4 5 N |
| 4. Makes and keeps friends at school | 1 2 (3) 4 5 N |
| 5. Works cooperatively with others | 1 2 (3) 4 5 N |
| 6. Has an even, usually happy, disposition | 1 2 (3) 4 5 N |
| 7. Is pleased with good work | 1 (2) 3 4 5 N |
| 8. Initiates activities independently | 1 (2) 3 4 5 N |
| 9. Responds appropriately to praise and correction | 1 2 (3) 4 5 N |
| 10. Resists becoming discouraged by difficulties or minor setbacks | 1 2 (3) 4 5 N |

D. Motor Coordination

- | | |
|--|---------------|
| 1. Exhibits adequate gross motor coordination (walking, running, etc.) | 1 2 (3) 4 5 N |
| 2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment, etc.) | 1 2 (3) 4 5 N |

HEALTH INFORMATION

Bart Gaines

NAME OF STUDENT

DATE OF BIRTH

AGE

VISION

Date of most recent screening: Oct 20, 1995 Type of screening: Snellen
 Name and position of person conducting screening: A. Estes NA.
 Results: 20/20 20/20

☐ YES ☒ NO As a result of the screening, is there any indication of a need for further assessment or adjustment?
 If YES, explain:

☐ YES ☒ NO Has any follow-up treatment been recommended? If YES, explain:

HEARING

Date of most recent screening: Oct 20, 1995 Type of screening: Pure Tone Air Conduction
 Name and position of person conducting screening: A. Estes NA.
 Results: Passed both ears @ 25db

☐ YES ☒ NO As a result of the screening, is there any indication of a need for further assessment or adjustment?
 If YES, explain:

☐ YES ☒ NO Has any follow-up treatment been recommended? If YES, explain:

HEALTH

☐ YES ☒ NO Does student exhibit any signs of health or medical problems? If YES, cite observations:

☐ YES ☒ NO Is there a need for further assessment or referral of a medical problem? If YES, explain:

☐ YES ☒ NO Is student receiving any medication at school? If YES, specify:

☐ YES ☒ NO Does this student require adaptive equipment or facility adaptation?
 If YES, specify:

Suzanne M. Estes
 SIGNATURE OF PERSON COMPLETING THIS SECTION

Nurse Aide
 POSITION

10-20-95
 DATE

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

COMPREHENSIVE INDIVIDUAL ASSESSMENT

PART I

DETERMINATION OF DISABILITY AND EDUCATIONAL NEED

NAME: Bart Gaines

DATE OF BIRTH: 10/25/82

AGE: 13

GRADE: 6

SCHOOL: Deer Creek

DATE OF REPORT: 4/11/96

SOURCES OF DATA

DATE

Wechsler Intelligence Scale for Children - WISC III	4/10/96
Test of Nonverbal Intelligence - 2	4/10/96
Woodcock Johnson Achievement Battery- Revised -WJ-R	4/10/96
Teacher Information	3/14/96
Family and Social History	3/14/96
School Nurse Screening	10/20/95
Classroom Observation	4/10/96
Home Language Survey	4/16/92

REASON FOR REFERRAL/BACKGROUND INFORMATION:

This assessment will determine if a handicapping condition exists and if there is an educational need for special education and related services.

ASSESSMENT PROCEDURES

Bart was assessed using standard procedures for all tests. Conditions for all testing sessions were considered to be adequate. During testing distractions were minimal. Rapport was established and maintained. In general, Bart appeared cooperative throughout testing and did appear to exert an effort to respond appropriately. Overall, the examiner felt that the results of the tests were a valid estimate of current functioning abilities.

LANGUAGE AREA

Assessment indicates that currently Bart's dominant language in the receptive and expressive domains is English and that Bart communicates best by oral speech. The level of receptive proficiency is average and the level of expressive proficiency is average. Based on this information, the remainder of the assessment was conducted in English.

PHYSICAL AREA

Information regarding medical and development history was gathered from the Family and Social History, Health Information report, and classroom observation.

passed the vision and hearing screening conducted by the nurse. Results of testing indicate that Bart's vision is R 20/20 and L 20/20; hearing was passed in both ears.

Bart's parents report normal developmental milestones and that Bart's health is generally good. There are no significant health factors.

Standard Scores (X=100, SD=15)

Verbal IQ	93
Performance IQ	79
Full Scale IQ	85

Test results indicate that Bart's intellectual functioning is within the average range based on the results of the WISC-III.

TEST OF NON-VERBAL INTELLIGENCE-2

The Test of Non-verbal Intelligence (TONI) is a language-free measure of cognitive ability designed to be used with subjects ranging in age from 5-0 to 85-11 years. The student is required to solve problems by identifying relationships among abstract figures. Problem solving skills form the basis for the test. The test yields two types of normative scores. Results may be reported as percentile ranks and as TONI Quotients, which are deviation standard scores with a mean of 100 and a standard deviation of 15.

TONI-2 Quotient:	94
Percentile Rank:	34

ADAPTIVE BEHAVIOR

Adaptive behavior was assessed using:

Formal Measures ☐ Vineland ☐ Battelle Dev. Inv. ☐ Others
 ☐ Scales of Independent Behavior

Informal Measures ☒ Parent Information ☒ Teacher Checklist
 ☒ Classroom observation

Describe pertinent findings:

☒ yes ☐ no

This student's level of intellectual functioning is consistent with his adaptive behavior. If no, explain.

EDUCATIONAL FUNCTIONING

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY - REVISED

The Woodcock-Johnson Psycho-Educational Battery (WJPEB-R; 1989) is a comprehensive, individually administered test designed to assess cognitive ability, achievement, and interest. Various sections of the test may be used with individuals from age three through adulthood. The components of the achievement module which assess Reading, Mathematics, and Written Language skills are the most common sections used for educational testing. Each of these areas includes two to three sub tests, each yielding age equivalents, grade equivalents, percentile ranks, and standard scores. The combined sub test scores in each area may be used to obtain a cluster score in the given area.

(X=100, SD = 15)

<u>Sub test</u>	<u>Grade Equiv.</u>	<u>Standard Score</u>
Letter-Word Ident.	4.1	81
Vocabulary Comprehension	5.1	90
Calculation	5.6	84
Applied Problems	6.8	96
Dictation	3.7	74
Writing Samples	3.6	81

According to these reports there are no apparent physical problems which should be considered in providing an appropriate education, including physical education. Adapted physical education is not indicated.

ASSISTIVE TECHNOLOGY

Bart's assistive technology needs were assessed by Teacher Referral Data, classroom observation and informal assessment procedures.

*If assistive technology devices/services are needed, a separate report is attached.

FAMILY/SOCIOLOGICAL BACKGROUND

Sociological information concerning this student was obtained from the Family and Social History.

Bart lives with his mother and stepfather. School records indicate good attendance. Bart has been retained.

Bart reportedly has had adequate educational opportunities and is considered satisfactorily prepared for academic learning. Further, the culture and lifestyle of Bart's family have provided an atmosphere conducive to the development of positive learning and behavioral patterns.

EMOTIONAL/BEHAVIORAL AREA

Bart's emotional/behavioral characteristics were assessed by the Family and Social History, classroom observation, student and parent interviews, and formal assessment procedures.

Teacher has not reported concerns in this area. Bart is a hard working student who attends to tasks.

In the area of emotional/behavioral functioning Bart displays behaviors such as:

- cooperation
- a happy and even disposition
- impulse control
- compliance
- making and keeping friends
- accepting responsibility

Bart was observed in the classroom by the diagnostician. Observation data indicates that there were no problems indicated in the area of behavior. Bart remained on task and completed work.

These reports indicate that behavioral characteristics, as manifested in in-school and/or out-of-school settings, do not demonstrate a need for consideration in terms of educational placement or programming. Bart displays behavioral characteristics that demonstrate adequate adjustment and ability to follow the disciplinary rules of the school.

INTELLECTUAL FUNCTIONING

WECHSLER INTELLIGENCE SCALE FOR CHILDREN-III

The WISC-III, a measure of general intellectual ability, is composed of 12 sub tests which are divided into two groups or scales. The Verbal Scale is heavily language-based, and requires listening comprehension and verbal expression. The Performance Scale is much less dependent on language, and samples the child's nonverbal reasoning abilities through his work with concrete materials such as puzzles, pictures, and abstract block designs. Five sub tests from each scale are combined to form the Full Scale score.

Scaled Scores (X = 10, SD=3)

Verbal Scale

Information	9
Similarities	11
Arithmetic	8
Vocabulary	7
Comprehension	9

Performance Scale

Picture Completion	8
Coding	9
Picture Arrangement	1
Block Design	9
Object Assembly	6

ad Reading Cluster	4.5	84
Mathematics Cluster	6.0	88
Written Language Cluster	3.6	77

SUMMARY AND RECOMMENDATIONS


Bart was referred for a psycho educational assessment to determine eligibility and need for Special Education services.

Bart's level of general intellectual functioning falls in the average range. Based on assessment data, a severe discrepancy between ability and achievement has been demonstrated between Bart's test scores. Bart demonstrates significant academic or developmental deficits in the area(s) of: Written Expression

Bart appears to meet eligibility criteria for the following handicapping condition: LEARNING DISABLED

Based on assessment data, Bart demonstrates significant behavioral deficits in the area(s) of: none

Placement decisions are the responsibility of the Admission, Review and Dismissal Committee (ARD).

 M.Ed.

Cory Patterson, M.Ed
Educational Diagnostician

*DATE OF MEETING:

5-9-96

CROWLEY INDEPENDENT SCHOOL DISTRICT

SPECIAL SERVICES DEPARTMENT

- ☒ Admission
☐ Review
☐ Dismissal

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

<u>Bart Gainer</u> NAME OF STUDENT	<u>10-25-82</u> DATE OF BIRTH	<u>13</u> AGE
<u>Deer Creek</u> NAME OF SCHOOL	<u>6</u> GRADE	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

☐ YES
☒ NO

*An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

*REVIEW OF ASSESSMENT DATA (check (✓) if applicable)

☒ Comprehensive individual assessment¹: 4-11-96
DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify:

NAME OF SERVICE	DATE OF REPORT
NAME OF SERVICE	DATE OF REPORT

☐ Vocational assessment: _____
DATE(S) OF REPORT(S)

☐ Information from the student's Individual Transition Plan

☐ Information from the Language Proficiency Assessment Committee

☐ Records from other school districts

☒ Information from parents/student parent contacted by phone 4-19-96

☒ Information from school personnel Choate

☐ Information/records from other agencies or professionals

☐ YES
☒ NO

Additional assessment is needed: _____

If YES, specify timeline for assessment to be completed² _____

*DETERMINATION OF ELIGIBILITY (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee has determined that the student:

☐ does not meet eligibility criteria to receive special education services

☒ meets eligibility criteria for:³

☒ learning disability

☐ mental retardation

☐ orthopedic impairment

☐ visual impairment

☐ non-categorical

☐ speech impairment

☐ autism

☐ traumatic brain injury

☐ auditory impairment

☐ emotionally disturbed

☐ other health impairment

☐ multiple disabilities

☐ deaf-blind

¹ Assistive technology needs must be considered.

² If additional assessment is recommended, it must be completed according to the timeline specified.

³ If the student is suspected of being medically fragile, the ARD/IEP Supplement: Students Who Are Medically Fragile should be completed.

* Denotes required items

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☐ YES ☒ NO *The ARD committee reviewed achievement on the previous year's short-term objectives on the IEP.
(Applicable to all but initial ARD meetings.)

Present Competencies:

*Physical, as it affects participation in *instructional settings and *physical education:

☒ YES ☐ NO Appropriate for school related task

Vision:

Hearing:

Medical:

Medication: allergy

☒ YES ☐ NO The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification.

*Behavioral, as it affects *educational placement, *programming, or *discipline:

Work Habits easily distracted

Social Skills relates well

Organization poor

Self-Esteem _____

Attendance _____

Other difficulty attending to tasks and completing work independently

☒ YES ☐ NO The student is capable of following the Student Code of Conduct without modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARDBMP-1, -2, & -3).

*Prevocational/Vocational skills which may be prerequisite to vocational education (when appropriate):

has the ability to participate in vocational education when appropriate

*Academic/Developmental (grade or age levels alone are not acceptable):

difficulty in Lang. Arts/Writing/Spelling
functioning below grade level in the classroom

*Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels:

none

Alternative Services Reviewed and Discussed:

*Services for which the student is eligible were reviewed and discussed:¹

- | | |
|---|---|
| <input type="checkbox"/> Compensatory and accelerated instruction | <input type="checkbox"/> Vocational education |
| <input type="checkbox"/> Bilingual education | <input checked="" type="checkbox"/> General education |
| <input type="checkbox"/> ESL instruction | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tutorials/academic remediation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Transition services ² | |

¹ Include consideration of occupational training needs for students at or before entry into high school or by age 14.
² The components of the Individual Transition Plan (ITP) and needed transition services must be addressed in the ARD/IEP Supplement: Transition Services.
* Denotes required items

INDIVIDUAL EDUCATION PLAN (IEP)

CONTENT MASTERY

Page 3 of 12



*Instructional Services

Duration of Services from 8/15/96 to 8/15/97
mo/day/yr mo/day/yr



Draft 5-9-96
Date



*Related Services

Specify: _____

Position responsible for implementation
of related service _____



Accepted by ARD
Committee

GOAL:

Bart Gaines will master 6-7th grade level modified essential elements with a minimum of 70% accuracy.

Short Term Objectives:	Criteria and Evaluation Procedures / Mastery	Schedule for Evaluation	(✓) if met
<p>The student will be able to master individual essential elements as planned by the regular classroom teacher in the following subjects:</p> <p>Reading English Math History Science Computer Elective _____ Elective _____</p>	<p>CRTs Teacher made tests Student performance Student participation Other _____ _____ 70% mastery unless otherwise noted _____</p>	<p>Every six weeks during the school year</p>	

COORDINATION BETWEEN REG. ED. AND SP.ED.

Responsibility for monitoring student's performance in regular education: Content Mastery Teacher

Frequency: Three and Six Weeks Method: Progress Notes, Report Cards, and Consultation

Schedule for evaluating progress for participation in extracurricular activities will be:

____ 3 wks ____ 6wks other _____

Secondary
SPED 10/94

*INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE

NAME OF STUDENT Bart Gaines

H. F. Stevens
CAMPUS

NAME OF STUDENT _____

CAMPUS

The ARD committee has determined that the following modifications are necessary for the student to succeed:

SPECIAL LANGUAGE PROGRAMS¹

- ☐
- Bilingual
-
- ☐
- ESL

* A student's IEP must be reviewed if he/she has not received passing grades in the same content area for two consecutive six-week reporting periods. (Students with speech impairments only may be excluded from this requirement except when the failure is in language arts instruction.)

BEHAVIOR MANAGEMENT PLAN

- ☐ YES
☒ NO

REGULAR DISCIPLINE PLAN

- ☒ YES
☐ NO

ASSISTIVE TECHNOLOGY DEVICES
☐ YES

- ☐ YES
☒ NO

☐ MODIFICATIONS NOT
NEEDED OR NOT
APPLICABLE

GOAL & OBJECTIVE/SUBJECT

ALTER ASSIGNMENTS BY PROVIDING:

[illegible]

ADAPT INSTRUCTION BY PROVIDING:

[illegible]

* Special language programs are required for all students who are limited English proficient.
Denotes required items

***INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued**
GOAL & OBJECTIVE/SUBJECT

	Reading/Other									
ADAPT MATERIALS BY PROVIDING:										
Peer to read materials										
Tape recording of required readings										
Highlighted materials for emphasis										
Altered format of materials										
Study aids/manipulatives	✓	✓								
ESL materials										
Large print materials										
Braille materials										
Color transparencies										
Other:										
Other:										

MANAGE BEHAVIOR BY PROVIDING:										
Clearly defined limits										
Frequent reminders of rules										
Positive reinforcement										
Frequent eye contact/proximity control										
Frequent breaks										
Private discussion about behavior										
In-class timeout										
Opportunity to help teacher										
Seat near the teacher										
Supervision during transition activities										
Implementation of behavior contract										
Other:										
Other:										

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY DEVICES:										
Calculators										
Word processors										
Augmentative communication device										
Note taker/note taking paper										
Interpreter										
Decoders for TV and films										
Access to equipment:										
Other:										

* Criterion referenced assessment (TAAS)¹:

- | | |
|---|---|
| <input checked="" type="checkbox"/> will take reading | <input type="checkbox"/> exempt in all areas |
| <input checked="" type="checkbox"/> will take mathematics | <input type="checkbox"/> will take science |
| <input type="checkbox"/> will take writing | <input type="checkbox"/> not offered for this student's grade placement |
| <input type="checkbox"/> will take social studies | |

End-of-Course Examinations²:

- | |
|---|
| <input type="checkbox"/> not enrolled in Algebra I or Biology I |
| <input type="checkbox"/> will take Algebra I |
| <input type="checkbox"/> will not take Algebra I |
| <input type="checkbox"/> will take Biology I |
| <input type="checkbox"/> will not take Biology I |

Modifications as defined in test administration materials:
all allowable modifications

Modifications as defined in test administration materials:

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.
²The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing these students for local purposes.

* Denotes required items

*SERVICE ALTERNATIVES

*Identify the general and special education alternatives and supplementary aids and services provided, tried, or considered. Place key letter (p, t, c) in space next to all that apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> General education classroom | <input type="checkbox"/> Alternative education program |
| <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table) |
| <input type="checkbox"/> Special education supplementary aids and services | <input checked="" type="checkbox"/> Resource classroom /CM |
| <input type="checkbox"/> Title 1 Part A/Accelerated Instruction | <input checked="" type="checkbox"/> Self-contained classroom |
| <input type="checkbox"/> Tutorials/academic remediation | <input type="checkbox"/> Separate special education campus |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Nonpublic day school placement |
| <input type="checkbox"/> Bilingual classes | <input type="checkbox"/> Residential placement |
| <input type="checkbox"/> Pre-K program | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Other: _____ |

*Results

*If efforts not successful, provide reason(s)

Bart has struggled academically even with additional classroom modifications.

*CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

- ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in general education. If selected, go to the **SCHEDULE OF SERVICES** section.

OR

- ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part of or all instruction and services in a special education setting. If selected, complete either the **Removal from General Education Classroom** or the **Removal from General Education Campus** sections that follow. The **Opportunity to Participate** and **Consideration of Potential Harmful Effects** sections must also be completed.

*Removal from General Education Classroom

- ☒ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☐ Other: _____
- ☐ Other: _____

OR

*Denotes required items

*Removal from General Education Campus

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus. _____

☐ Other: _____

*Opportunity to Participate

*In removing this student from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities?

☒ YES ☐ NO

If NO, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall, class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

*If any of the above items are checked, explain why this student is unable to participate:

*Consideration of Potential Harmful Effects

*In removing this student from the general education classroom/campus, what are the potential harmful effects on the student and on the quality of services which the student needs?

☒ None anticipated

- | | |
|--|---|
| <input type="checkbox"/> Lack of opportunity for appropriate role models | <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings |
| <input type="checkbox"/> Stigmatization | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Isolation from peers | <input type="checkbox"/> Lack of opportunity for social interaction |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Decreased student self-esteem |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

***SCHEDULE OF SERVICES**

INSTRUCTION				PROGRESS / GRADE		
Year <u>95-96</u> Semester <u>2</u>	GEN. ED. MODIFIED		GEN. ED.	SPE. ED.	DETERMINED BY:	
COURSE/CURRICULUM AREA	YES	NO	TIME	TIME	GEN. ED.	SPE. ED. JOINT
Reading	✓				✓	
Language Arts	✓				✓	
Math	✓				✓	
Science / Health	✓				✓	
Social Studies	✓				✓	
PE		✓			✓	
Music		✓			✓	

RELATED SERVICES	*TIME PER WEEK
Occupational Therapy	
Physical Therapy	
Counseling	
<u>none</u>	

INSTRUCTION				PROGRESS / GRADE		
Year <u>96-97</u> Semester <u>1-2</u>	GEN. ED. MODIFIED		GEN. ED.	SPE. ED.	DETERMINED BY:	
COURSE/CURRICULUM AREA	YES	NO	TIME	TIME	GEN. ED.	SPE. ED. JOINT
Reading	✓				✓	
Math	✓				✓	
English	✓				✓	
Science	✓				✓	
History	✓				✓	
PE		✓			✓	
Elective	✓				✓	

Extended Year Services recommended:

☐ YES If YES, see attached

☒ NO ARD/IEP supplement.

☐ YES ☒ NO Special Transportation If YES, cite justification: _____

*☐ YES ☐ NO ☒ NA Parents of students with visual or auditory impairments or deaf blindness have been given information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf at the time of initial placement.

***PLACEMENT DETERMINATION**

*The ARD committee determined that services will be provided at:

Deer Creek / H F Stevens

NAME OF SCHOOL CAMPUS

Content Mastery 0.3

NAME OF INSTRUCTIONAL ARRANGEMENT¹

☒ YES ☐ NO *This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ YES ☐ NO *This is the campus which is as close as possible to the student's home. If NO, justify:

¹ Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.

* Denotes required items

ASSURANCES

The ARD committee assures that the decision to provide special education services:

- ☐ * is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurance:

- ☐ review of parent/student information
☐ review of sociological assessment

AND

- ☐ * for a national origin minority group student or linguistically different student, is not based on criteria which were developed solely on command of the English language.

*Basis for assurance:

- ☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☐ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)

OR

- ☒ This student is neither a member of a national origin minority group nor linguistically different.

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: - IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION (ARD SUP-OD) OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF (ARD SUP-RDSPD).

* Denotes required items

Parent agreed (see signature page - ARD notice)

Page 10 of 12

***SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS**

SIGNATURE AND TITLE		POSITION	AGREE	DISAGREE
MEMBERS				
		Parent(s)/Adult Student ¹		
<i>Catherine North</i>		Administrator	✓	
<i>Quinn Choate</i>		General Education Teacher	✓	
<i>Karla Ellis</i>		Special Education Teacher	✓	
<i>Ray Patterson</i>		Assessment ²	✓	
OTHER PARTICIPANTS				
		Representative of LPAC ³		
		Vocational		
		Interpreter, if used		
		Speech Therapist		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understand what was discussed.

☒ The committee mutually agreed to implement the services reflected in these proceedings.

OR

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____

DATE

PLACE AND TIME

4

Information explaining why mutual agreement has not been reached may be attached.

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. Another copy of the procedural safeguards (rights) is attached to this form. Date given: 5-9-96 To: Mrs. Adams

NAME

sent

Parental consent for initial placement is required before services begin.

²Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

³LPAC representative is required at ARD of any student who is limited English proficient.

⁴Include documentation concerning the reconvened ARD committee meeting.

*Denotes required items

Burt's assessment was reviewed by phone (419-96). Mrs. Adams was unable to attend the meeting today but stated on the signature page of the ARD notice that he could be placed in Content Mastery for next year.

* DATE OF MEETING:

3-19-97

C. WILEY INDEPENDENT SCHOOL DISTRICT

SPECIAL SERVICES DEPARTMENT

☐ Admission

☒ Review Annual

☐ Dismissal

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

Barton Gaires	10/25/82	AGE
NAME OF STUDENT	DATE OF BIRTH	
Stevens MS	7	MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>
NAME OF SCHOOL	GRADE	

☐ YES ☒ NO * An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

* REVIEW OF ASSESSMENT DATA (check (✓) if applicable)

☒ Comprehensive individual assessment¹: 4/11/96
DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify:

NAME OF SERVICE	DATE OF REPORT
NAME OF SERVICE	DATE OF REPORT

☐ Vocational assessment: _____
DATE(S) OF REPORT(S)

☐ Information from the student's Individual Transition Plan

☐ Information from the Language Proficiency Assessment Committee

☐ Records from other school districts

☒ Information from parents/student Mr. and Mrs. Adams, Bart

☒ Information from school personnel Toulouse, Elder

☐ Information/records from other agencies or professionals

☐ YES ☒ NO Additional assessment is needed: _____

If yes, specify timeline for assessment to be completed² _____

* DETERMINATION OF ELIGIBILITY (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee has determined that the student:

☐ does not meet eligibility criteria to receive special education services

☒ meets eligibility criteria for:³

☒ Learning disability

☐ speech impairment

☐ emotionally disturbed

☐ mental retardation

☐ autism

☐ other health impairment

☐ orthopedic impairment

☐ traumatic brain injury

☐ multiple disabilities

☐ visual impairment

☐ auditory impairment

☐ deaf-blind

☐ non-categorical

¹ Assistive technology needs must be considered.

² If additional assessment is recommended, it must be completed according to the timeline specified.

³ If the student is suspected of being medically fragile, the ARD/IEP Supplement: Students Who Are Medically Fragile should be completed.

* Denotes required items

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

☒ YES ☐ NO *The ARD committee reviewed achievement on the previous year's short-term objectives on the IEP.
(Applicable to all but initial ARD meetings.)

Present Competencies:

*Physical, as it affects participation in *instructional settings and *physical education:

☒ YES ☐ NO Appropriate for school related task

Vision:

Hearing:

Medical:

Medication: allergies, medication for allergies

☒ YES ☐ NO The student is capable of receiving instruction in the essential elements of physical education through the general education program without modification.

*Behavioral, as it affects *educational placement, *programming, or *discipline:

Work Habits Easily Distracted Social Skills Relates well w/ others

Organization _____

Self-Esteem _____

Attendance Good

Other Difficulty staying on tasks.

☒ YES ☐ NO The student is capable of following the Student Code of Conduct without modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARDBMP-1, -2, & -3).

*Prevocational/Vocational skills which may be prerequisite to vocational education (when appropriate):

Skill address at appropriate time. Bart has the ability to participate in all areas of voc. ed. if he chooses.

*Academic/Developmental (grade or age levels alone are not acceptable):

Is capable of grade level work with modifications and assistance in content mastery.

*Indicate content areas in which the student's disability significantly interferes with his/her ability to meet regular academic mastery levels:

n/a.

Alternative Services Reviewed and Discussed:

*Services for which the student is eligible were reviewed and discussed:¹

☐ Compensatory and accelerated instruction

☐ Vocational education

☐ Bilingual education

☒ General education

☐ ESL instruction

☐ Other: _____

☒ Tutorials/academic remediation

☐ Other: _____

☐ Transition services²

¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.

²The components of the Individual Transition Plan (ITP) and needed transition services must be addressed in the ARD/IEP Supplement: Transition Services.

* Denotes required items

INDIVIDUAL EDUCATION PLAN (IEP)

CONTENT MASTERY

Page 3 of 10



*Instructional Services

Duration of Services from 8/15/97 to 5/98
mo/day/yr mo/day/yr



Draft 3-19-97
Date



*Related Services

Specify: _____

Position responsible for implementation
of related service _____



Accepted by ARD
Committee

GOAL: Bart Gaines will master 8th grade level modified essential elements with a minimum of 70% accuracy.

Short Term Objectives:	Criteria and Evaluation Procedures / Mastery	Schedule for Evaluation	(✓) if met
<p>The student will be able to master individual essential elements as planned by the regular classroom teacher in the following subjects:</p> <p> <input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Math <input checked="" type="checkbox"/> History <input checked="" type="checkbox"/> Science <input checked="" type="checkbox"/> Computer <u>Health</u> <input checked="" type="checkbox"/> Elective _____ <input checked="" type="checkbox"/> Elective _____ </p>	<p>CRTs</p> <p>Teacher made tests</p> <p>Student performance</p> <p>Student participation</p> <p>Other _____</p> <p>70% mastery unless otherwise noted</p>	<p>Every six weeks during the school year</p>	

COORDINATION BETWEEN REG. ED. AND SP.ED.

Responsibility for monitoring student's performance in regular education: Content Mastery Teacher

Frequency: Three and Six Weeks

Method: Progress Notes, Report Cards, and Consultation

Schedule for evaluating progress for participation in extracurricular activities will be:

3 wks

~~6~~ wks

other _____

Secondary
SPED 10/94

***INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE**

Bart Gaines

H.F. Stevens

NAME OF STUDENT

CAMPUS

The ARD committee has determined that the following modifications are necessary for the student to succeed:

SPECIAL LANGUAGE PROGRAMS¹

- ☐ Bilingual
☐ ESL

N/A

* A student's IEP must be reviewed if he/she has not received passing grades in the same content area for two consecutive six-week reporting periods. (Students with speech impairments only may be excluded from this requirement except when the failure is in language arts instruction.)

BEHAVIOR MANAGEMENT PLAN

- ☐ YES
☒ NO

REGULAR DISCIPLINE PLAN

- ☒ YES
☐ NO

ASSISTIVE TECHNOLOGY DEVICES

- ☐ YES
☐ NO

N/A

☐ MODIFICATIONS NOT NEEDED OR NOT APPLICABLE

GOAL & OBJECTIVE/SUBJECT

All Subjects

ALTER ASSIGNMENTS BY PROVIDING:

Reduced assignments	<input checked="" type="checkbox"/>																		
Taped assignments	<input checked="" type="checkbox"/>																		
Extra time for completing assignments	<input checked="" type="checkbox"/>																		
Opportunity to respond orally																			
Emphasis on major points																			
Task analysis of assignments																			
Special projects in lieu of assignments																			
Other:																			
Other:																			

ADAPT INSTRUCTION BY PROVIDING:

Opportunity to leave class for resource assistance	<input checked="" type="checkbox"/>																		
Short instructions (1 or 2 steps)																			
Opportunity to repeat and explain instructions																			
Encouragement to verbalize steps needed to complete assignment/task																			
Opportunity to write instructions																			
Assignment notebooks	<input checked="" type="checkbox"/>																		
Visual aids (pictures, flash cards, etc.)																			
Auditory aids (cues, tapes, etc.)																			
Instructional aids																			
Extra time for oral response																			
Extra time for written response																			
Exams of reduced length	<input checked="" type="checkbox"/>																		
Oral exams	<input checked="" type="checkbox"/>																		
Open book exams																			
Study carrel for independent work																			
Frequent feedback																			
Immediate feedback																			
Minimal auditory distractions																			
Encouragement for classroom participation	<input checked="" type="checkbox"/>																		
Peer tutoring/paired working arrangement	<input checked="" type="checkbox"/>																		
Opportunity for student to dictate themes, information, answers on tape or to others																			
Adjustments for misarticulation in responses																			
Other:																			

¹ Special language programs are required for all students who are limited English proficient.
* Denotes required items

ADAPT MATERIALS BY PROVIDING:

MANAGE BEHAVIOR BY PROVIDING:

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY DEVICES:

* Criterion referenced assessment (TAAS)¹:

End-of-Course Examinations²:

Modifications as defined in test administration materials:

Modifications as defined in test administration materials:

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.
²The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing these students for local purposes.
 * Denotes required items

***SERVICE ALTERNATIVES**

*Identify the general and special education alternatives and supplementary aids and services provided, tried, or considered. Place key letter (p, t, c) in space next to all that apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> General education classroom | <input type="checkbox"/> Alternative education program |
| <input checked="" type="checkbox"/> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | <input type="checkbox"/> Assistive technology (e.g., communication devices, slant top table) |
| <input type="checkbox"/> Special education supplementary aids and services | <input checked="" type="checkbox"/> Resource classroom |
| <input type="checkbox"/> Title 1 Part A/Accelerated Instruction | <input type="checkbox"/> Self-contained classroom |
| <input checked="" type="checkbox"/> Tutorials/academic remediation | <input type="checkbox"/> Separate special education campus |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Nonpublic day school placement |
| <input type="checkbox"/> Bilingual classes | <input checked="" type="checkbox"/> Residential placement |
| <input type="checkbox"/> Pre-K program | <input checked="" type="checkbox"/> Other: <u>Context mastery</u> |
| | <input type="checkbox"/> Other: _____ |

***Results**

*If efforts not successful, provide reason(s)

A small group and one to one assistance is beneficial for Bart.

***CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT**

- ☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in general education. If selected, go to the **SCHEDULE OF SERVICES** section.

OR

- ☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part of or all instruction and services in a special education setting. If selected, complete either the **Removal from General Education Classroom** or the **Removal from General Education Campus** sections that follow. The **Opportunity to Participate** and **Consideration of Potential Harmful Effects** sections must also be completed.

***Removal from General Education Classroom**

- ☐ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☐ Other: _____
- ☐ Other: _____

OR

*Denotes required items

***Removal from General Education Campus** *Not applicable*

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus. _____

☐ Other: _____

***Opportunity to Participate**

*In removing this student from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities?

☒ YES ☐ NO

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall, class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input checked="" type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

*If any of the above items are checked, explain why this student is unable to participate:

na

***Consideration of Potential Harmful Effects**

*In removing this student from the general education classroom/campus, what are the potential harmful effects on the student and on the quality of services which the student needs?

☒ None anticipated

- | | |
|--|---|
| <input type="checkbox"/> Lack of opportunity for appropriate role models | <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings |
| <input type="checkbox"/> Stigmatization | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Isolation from peers | <input type="checkbox"/> Lack of opportunity for social interaction |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Decreased student self-esteem |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

*SCHEDULE OF SERVICES 8th Grade Schedule

INSTRUCTION					PROGRESS / GRADE		
Year <u>97-98</u> Semester <u>II</u>	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	DETERMINED BY:		
COURSE/CURRICULUM AREA	YES	NO			GEN. ED.	SPE. ED.	JOINT
English	✓		ipd.	at least monthly	✓		
math	✓				✓		
History	✓				✓		
Science	✓				✓		
Computer/Health	✓				✓		
Elective	✓				✓		
Elective	✓		✓		✓		

RELATED SERVICES	*TIME PER WEEK
Occupational Therapy	
Physical Therapy	
Counseling	
<u>none</u>	

INSTRUCTION					PROGRESS / GRADE		
Year _____ Semester _____	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	DETERMINED BY:		
COURSE/CURRICULUM AREA	YES	NO			GEN. ED.	SPE. ED.	JOINT

Extended Year Services recommended:

☐ YES If YES, see attached
☒ NO ARD/IEP supplement.

☐ YES ☒ NO Special Transportation If YES, cite justification: _____

* ☐ YES ☐ NO ☒ NA Parents of students with visual or auditory impairments or deaf blindness have been given information about the Texas School for the Blind and Visually Impaired or Texas School for the Deaf at the time of initial placement.

*PLACEMENT DETERMINATION

*The ARD committee determined that services will be provided at:

Steuers MS
 NAME OF SCHOOL CAMPUS

content mastery - 03
 NAME OF INSTRUCTIONAL ARRANGEMENT¹
☐ YES ☒ NO *This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ YES ☐ NO *This is the campus which is as close as possible to the student's home. If NO, justify:

¹ Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.
 * Denotes required items

ASSURANCES

The ARD committee assures that the decision to provide special education services:

- ☒ * is not based on deficiencies identified as directly attributable to a different culture, lifestyle, or lack of educational opportunities.

*Basis for assurance:

- ☒ review of parent/student information
☒ review of sociological assessment

AND

- ☐ * for a national origin minority group student or linguistically different student, is not based on criteria which were developed solely on command of the English language.

*Basis for assurance:

- ☐ assessment conducted in both native language and English
☐ adaptations in testing procedures (e.g., formal and informal measures)
☐ use of interpreter
☒ review of parent/student information
☐ review of language assessment (including proficiency and dominance in both English and native language)

OR

- ☐ This student is neither a member of a national origin minority group nor linguistically different.

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION (ARD SUP-OD) OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF (ARD SUP-RDSPD).

* Denotes required items

*SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

MEMBERS	SIGNATURE AND TITLE	POSITION	AGREE	DISAGREE
	<i>Deissa Adams</i>	Parent(s)/Adult Student ¹		
	<i>J. L. Foulouse</i>	Administrator	✓	
	<i>M. Elder</i>	General Education Teacher	✓	
	<i>Susan Mandich</i>	Special Education Teacher	✓	
		Assessment ²		
OTHER PARTICIPANTS				
		Representative of LPAC ³		
		Vocational		
		Interpreter, if used		
		Speech Therapist		
	<i>BART GATVES</i>	<i>Student</i>	✓	

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understand what was discussed.

☒ The committee mutually agreed to implement the services reflected in these proceedings.

OR

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____.

DATE PLACE AND TIME

Information explaining why mutual agreement has not been reached may be attached.

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. Another copy of the procedural safeguards (rights) is attached to this form. Date given: 3-19-97 To: parent

NAME

¹Parental consent for initial placement is required before services begin.

²Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

³PAC representative is required at ARD of any student who is limited English proficient.

*Include documentation concerning the reconvened ARD committee meeting.

*Denotes required items

DATE OF MEETING:

1-6-98

CROWLEY INDEPENDENT SCHOOL DISTRICT

SPECIAL SERVICES DEPARTMENT

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING
FOR TEMPORARY PLACEMENT OF TRANSFER STUDENT

x Barton Haines	10-25-82	15
NAME OF STUDENT	DATE OF BIRTH	AGE
Stevens MS	8	✓
NAME OF SCHOOL	GRADE	MALE
		FEMALE

☐ YES
☒ NO

An interpreter helped conduct the meeting. If YES, specify language or mode of communication:

The ARD committee met to recommend that the above-named student receive special education services on a temporary basis. The parent has stated that this student received special education services in

HES (Crowley)
SCHOOL DISTRICT

Student's eligibility in former district was verified:

☒ by telephone

staff member contacted:

Mr. McCrea, Principal

☐ in writing

documents received:

Information from the parent and the former school indicates that this student's disability is:

LD

Description of services (instructional and related) provided in former school, as described by that district:

Content mastery for all
academic subjects

Areas of discussion:

Bart wd 10-21-97 to attend Stepping Stone School
in Burleson. He returned to
CISD 1-6-98.

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

- ☒ Previous IEP remains in effect.
☐ An interim placement has been determined. The IEP will be finalized within 30 school days.

SERVICES TO BE PROVIDED

INSTRUCTION COURSE/CURRICULUM AREA	GENERAL EDUCATION MODIFIED			SPECIAL EDUCATION
	YES	NO	TIME	
English	✓		1pd	CMT at least 5 min / wk
Math	✓			
History	✓			
Science	✓			
Comp/Health	✓			
Elec.	✓			
Elec.				

PROGRESS/GRADE DETERMINED BY:			
GENERAL EDUCATION	SPECIAL EDUCATION	JOINT	COMMENT
1pd			

Date Services Begin 1-6-98

☐ Special Transportation
If YES, cite justification.

YES ☐ NO ☒

RELATED SERVICES	AMOUNT OF TIME PER WEEK
none	

DETERMINATION OF PLACEMENT

School campus: Stevens MS Instructional arrangement¹: cm

Additional ARD committee recommendations:

Content mastery for all academics

These services are being provided on a temporary basis. Within 30 school days of this meeting, the ARD committee will reconvene to review any additional information received from the former district as well as any new assessment performed in the interim.

Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. Another copy of the procedural safeguards (rights) is attached to this form. Date given: 1-6-98 To: parent

ATTACHMENTS

- ☐ Individual Education Plan (IEP)
☐ Other: _____
☐ Other: _____

SIGNATURE	POSITION	AGREE	DISAGREE
<u>Melissa Adams</u>	Parent	✓	
<u>Sandra Brown</u>	Administration	✓	
	Instruction		
	Special Education		
<u>J. Mandich</u>	Assessment ²	✓	
	Other		

SIGNATURE OF INTERPRETER, IF USED

DATE

¹Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.

²Required when assessment issues are being discussed.

*DATE SENT:

1-6-98

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

CONSENT FOR COMPREHENSIVE INDIVIDUAL ASSESSMENT

Name of Student Xberton Gaines Date of Birth 10-25 Age 15
Campus Stevens MS Grade 8 Male ☒ Female ☐

You have received the NOTICE OF COMPREHENSIVE INDIVIDUAL ASSESSMENT.

We need your permission to test your child/you to find out what your child's/your educational needs are.

Please check the appropriate box by each statement, sign your name, and date and return this form to the school as soon as possible.

☒ YES ☐ NO

*I have been fully informed and understand the assessment process and why it has been recommended for my child/me. If NO, please explain:

☒ YES ☐ NO

I have been given the name and telephone number of a school staff member whom I may call if I want more information or if I have any questions. If NO, please explain:

297-5840 S. Mandich

☒ YES ☐ NO

*I give my permission for the testing that has been recommended for my child/me. If NO, please explain:

☒ YES ☐ NO

*I understand that my consent for assessment is voluntary and may be revoked at any time. If NO, please explain:

☒ YES ☐ NO

*I have been informed in my native language or other mode of communication.

☒ YES ☐ NO

*I give permission for the testing to begin immediately by waiving the required five school day waiting period between notice of assessment and initiation of the assessment.

X Melissa Adams
*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT

1-6-98
*DATE

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form to:

S. Mandich
SCHOOL STAFF PERSON

at:

Stevens MS
SCHOOL

as soon as

*Denotes required items

*DATE OF MEETING:

2-3-98

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

- ☒ Admission
☐ Review
☐ Dismissal

Annual
Perm

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

Name of Student	Barton Gaines	Date of Birth	10-25-82	Age	15
Campus	Stevens MS	Grade	8	Male	<input checked="" type="checkbox"/>
				Female	<input type="checkbox"/>

☐ YES

☒ NO

*An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

*REVIEW OF ASSESSMENT DATA AND OTHER INFORMATION (check (✓) if applicable)

☒ Comprehensive individual assessment¹:



4-11-96

DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify:

NAME OF SERVICE

DATE OF REPORT

NAME OF SERVICE

DATE OF REPORT

☐ Functional Vocational Evaluation:

DATE(S) OF REPORT(S)

☐ Information from the student's Individual Transition Plan

☐ Information from the Language Proficiency Assessment Committee

☐ Records from other school districts

☒ Information from parents/student Mr + Mrs. Adams

☒ Information from school personnel Toulouse, Church, Mandich
McDevitt

☐ Information/records from other agencies or professionals

☐ YES

☒ NO

Additional assessment is needed:

If YES, specify timeline for assessment to be completed² _____

¹ Assistive technology needs must be considered.

* Denotes required items

***DETERMINATION OF ELIGIBILITY** (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee has determined that the student:

☐ does not meet eligibility criteria to receive special education services☒ meets eligibility criteria for:³☒ learning disability☐ speech impairment☐ emotionally disturbed☐ mental retardation☐ autism☐ other health impairment☐ orthopedic impairment☐ traumatic brain injury☐ multiple disabilities☐ visual impairment☐ auditory impairment☐ deaf-blind☐ non-categorical**DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)**☒ ☐ The ARD committee reviewed achievement on the previous year's short-term objectives on the IEP.
☒ YES ☐ NO (Applicable to all but initial ARD meetings.)***Present Competencies:**

Physical - appropriate for school related tasks. Allergies

Behavioral - Teachers report off task behavior, does not complete work, easily distracted.

Prevocational - will address at appropriate time

Academic - does not complete assignments

☒ ☐ The student is capable of following the Student Code of Conduct without modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARDBMP-1, -2, & -3).
☒ YES ☐ NO¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.²The components of the Individual Transition Plan (ITP) and needed transition services must be addressed in the ARD/IEP Supplement: Transition Services.³If the student is suspected of being medically fragile, the ARD/IEP Supplement: Students Who Are Medically Fragile should be completed.

* Denotes required items

INDIVIDUAL EDUCATION PLAN (IEP)

CONTENT MASTERY

Page 3 of 11

☒ *Instructional Services
Duration of Services from 2/3/98 to 2/3/99
mo/day/yr mo/day/yr

☒ Draft 2-3-98
Date

☐ *Related Services
Specify: _____
Position responsible for implementation
of related service _____

☒ Accepted by ARD
Committee

GOAL: Bart Gaudes will master 8th/9 grade level modified essential elements with a
minimum of 70% accuracy.

Short Term Objectives:	Criteria and Evaluation Procedures / Mastery	Schedule for Evaluation	(√) if met
<p>The student will be able to master individual essential elements as planned by the regular classroom teacher in the following subjects:</p> <p>Reading ✓ English ✓ Math ✓ History ✓ Science ✓ Computer ✓ Elective ✓ Elective ✓</p>	<p>CRTs Teacher made tests Student performance Student participation Other _____ _____ 70% mastery unless otherwise noted _____</p>	<p>Every six weeks during the school year</p>	

COORDINATION BETWEEN REG. ED. AND SP.ED.

Responsibility for monitoring student's performance in regular education: Content Mastery Teacher

Frequency: Three and Six Weeks Method: Progress Notes, Report Cards, and Consultation

Schedule for evaluating progress for participation in extracurricular activities will be:

✓ 3 wks ✓ 6wks other _____

Secondary
SPED 10/94

HF Stems / 6th grade campus

NA

☒ YES
☐ NO

NA

Reduced assignments									
Taped assignments									
Extra time for completing assignments									
Opportunity to respond orally									
Emphasis on major points									
Task analysis of assignments									
Special projects in lieu of assignments									
Other:									
Other:									

[illegible]

3/97
ARD-4

*INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

GOAL & OBJECTIVE/SUBJECT

ADAPT MATERIALS BY PROVIDING:

[illegible]

MANAGE BEHAVIOR BY PROVIDING:

[illegible]

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY DEVICES:

EQUIPMENT ASSISTIVE TECHNOLOGY DEVICES:								
Calculators								
Word processors								
Augmentative communication device								
Note taker/note taking paper								
Interpreter								
Decoders for TV and films								
Access to equipment:								
Other:								

* Criterion referenced assessment (TAAS)¹:

- ☒ will take reading
☒ will take mathematics
☒ will take writing
☒ will take social studies
- ☐ exempt in all areas
☒ will take science
☐ not offered for this student's grade placement

End-of-Course Examinations²:

- _____ not enrolled in Algebra I or Biology I
- _____ will take Algebra I
- _____ will not take Algebra I
- _____ will take Biology I
- _____ will not take Biology I

Modifications and/or alternative assessments:

Modifications as defined in test administration materials:

²The only students not required to test are students receiving content modifications resulting in test exemptions.

* Denotes required items.

* Denotes required items

*SERVICE ALTERNATIVES

*Identify the general and special education alternatives and supplementary aids and services provided, tried, or considered. Place key letter (p, t, c) in space next to all that apply:

- | | |
|--|---|
| <u>p</u> General education classroom | — Alternative education program |
| <u>p</u> Modifications in general education and/or curriculum, instruction testing procedures, and/or physical arrangements (including vocational education and nontraditional instructional programs) | — Assistive technology (e.g., communication devices, slant top table) |
| — Special education supplementary aids and services | <u>C</u> Resource classroom |
| — Title 1 Part A/Accelerated Instruction | — Self-contained classroom |
| <u>p</u> Tutorials/academic remediation | — Separate special education campus |
| — English as a Second Language (ESL) | — Nonpublic day school placement |
| — Bilingual classes | — Residential placement** |
| — Pre-K program | <u>p</u> Other: <u>content mastery</u> |
| | Other: _____ |

*Results A small group and/or one to one instruction is beneficial

*If efforts not successful, provide reason(s)

*☐ YES ☐ NO ☒ NA

**Parents of students who meet eligibility criteria for visual or auditory impairments or deafblindness have been given written information, within the past year, about programs offered by the Texas School for the Blind and Visually Impaired or Texas School for the Deaf, including eligibility and admissions requirements and the rights of students related to admission.

*CONSIDERATION OF LEAST RESTRICTIVE ENVIRONMENT

☐ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive all instruction and services in general education. If selected, go to the **SCHEDULE OF SERVICES** section.

OR

☒ Based on ARD committee review of assessment data, new IEP goals and objectives, instructional modifications/supports necessary to implement the content of the IEP, and previous efforts/considerations, the committee recommends that this student receive part of or all instruction and services in a special education setting. If selected, complete either the **Removal from General Education Classroom** or the **Removal from General Education Campus** sections that follow. The **Opportunity to Participate** and **Consideration of Potential Harmful Effects** sections must also be completed.

*Removal from General Education Classroom

- ☒ Placement in the general education classroom prohibits the student from achieving the goals and objectives contained in the IEP even though supplementary aids and services are used.
- ☐ The modifications required for the student to achieve the goals and objectives in the IEP cannot be implemented in the general education classroom without eliminating essential components of the regular curriculum/activity.
- ☐ Implementing the student's behavior management plan means that other students would not benefit satisfactorily from academic instruction or nonacademic activities.
- ☐ Other: _____

☐ Other: _____

OR

*Denotes required items

***Removal from General Education Campus**

Not Applicable

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____

***Opportunity to Participate**

*In removing this student from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities?

☒ YES ☐ NO

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall, class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

*If any of the above items are checked, explain why this student is unable to participate:

NA

***Consideration of Potential Harmful Effects**

*In removing this student from the general education classroom/campus, what are the potential harmful effects on the student and on the quality of services which the student needs?

☒ None anticipated

- | | |
|--|---|
| <input type="checkbox"/> Lack of opportunity for appropriate role models | <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings |
| <input type="checkbox"/> Stigmatization | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Isolation from peers | <input type="checkbox"/> Lack of opportunity for social interaction |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Decreased student self-esteem |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

***SCHEDULE OF SERVICES**

8th GRADE 2-3-98 to 5-31-98

INSTRUCTION					PROGRESS/GRADE DETERMINED BY:		
Year	Semester	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	GEN. ED.	SPE. ED.
COURSE/CURRICULUM AREA		YES	NO			ED.	ED.
English		✓		1 pd	content mastery at least 15 min/wk	✓	
Math		✓				✓	
Science		✓				✓	
History		✓				✓	
PE		✓				✓	
Elective		✓				✓	
Elective		✓				✓	

RELATED SERVICES	*TIME PER WEEK
Occupational Therapy	
Physical Therapy	
Counseling	
<u>None</u>	

INSTRUCTION					PROGRESS/GRADE DETERMINED BY:		
Year	Semester	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	GEN. ED.	SPE. ED.
COURSE/CURRICULUM AREA		YES	NO			ED.	ED.
English		✓		1 pd	content mastery at least 15 min/wk	✓	
Math		✓				✓	
Science		✓				✓	
History		✓				✓	
PE		✓				✓	
Elective		✓				✓	
Elective		✓				✓	

Extended Year Services recommended:
☐ YES If YES, see attached ARD/IEP supplement.
☒ NO

☐ YES ☒ NO Special Transportation If yes, cite justification: _____

***PLACEMENT DETERMINATION**

*The ARD committee determined that services will be provided at:

Stevens/CHS 9 content mastery - 03
 NAME OF SCHOOL CAMPUS NAME OF INSTRUCTIONAL ARRANGEMENT¹

☒ YES ☐ NO *This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ YES ☐ NO *This is the campus which is as close as possible to the student's home. If NO, justify:


¹Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.
 * Denotes required items

ASSURANCES (Initial by representative of school district)

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION (ARD SUP-OD) OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF (ARD SUP-RDSPD).

ARD held to discuss Bart's progress at school. Teachers reports little or no interest in school work. Review of assessment. Bart  as a LD student and receives CM services. Teachers report that he puts forth ~~one~~ min. effort. Parents discussed Bart's drug use and involvement. Com. rec. sp. ed. counseling.

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENTARD/IEP SUPPLEMENT
GRADUATIONB. Gaines

NAME OF STUDENT

2-3-98

DATE OF MEETING

May 2002

ANTICIPATED DATE OF GRADUATION

*The ARD committee has determined that this student will graduate under the following option:

- ☒ * This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students without handicaps, which includes satisfactory performance on the exit level assessment instrument.
- ☐ * This student has maintained full-time employment without direct and ongoing educational support of the local school district based on this student's abilities and local employment opportunities. This option requires this student to complete his/her IEP and attain sufficient self-help skills to maintain the employment.
- ☐ * This student has demonstrated mastery of specific employability and self-help skills which will not require direct ongoing educational support of the local school district. This option requires this student to complete his/her IEP.
- ☐ * This student has gained access to services which are not within the legal responsibility of public education, or employment, or further educational opportunities. This option requires this student to complete his/her IEP.
- ☐ * This student no longer meets age eligibility requirements and has completed the requirements specified in the IEP.

*DATE OF MEETING:

5-20-98

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENT

☐ Admission

☒ Review / *annual*

☐ Dismissal

ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING

Name of Student Barton Gaines Date of Birth 10-25-82 Age 15
Campus HF Stevens Grade 8 Male ☒ Female ☐

☐ YES ☒ NO *An interpreter was used to assist in conducting the meeting. If YES, specify language or other mode of communication: _____

*REVIEW OF ASSESSMENT DATA AND OTHER INFORMATION (check (✓) if applicable)

☒ Comprehensive individual assessment¹: 4-11-96
DATE(S) OF REPORT(S)

☐ Assessment(s) for related services. Specify:

NAME OF SERVICE

DATE OF REPORT

NAME OF SERVICE

DATE OF REPORT

☐ Functional Vocational Evaluation: _____
DATE(S) OF REPORT(S)

☐ Information from the student's Individual Transition Plan

☐ Information from the Language Proficiency Assessment Committee

☐ Records from other school districts

☒ Information from parents/student Mrs. Adams

☒ Information from school personnel McDevitt, Gunn

☐ Information/records from other agencies or professionals

☐ YES ☒ NO Additional assessment is needed: _____

If yes, specify timeline for assessment to be completed² _____

¹ Assistive technology needs must be considered.

* Denotes required items

***DETERMINATION OF ELIGIBILITY** (check (✓) if applicable)

Based on the assessment data reviewed, the ARD committee has determined that the student:

- ☐ does not meet eligibility criteria to receive special education services
- ☒ meets eligibility criteria for:³
- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> learning disability | <input type="checkbox"/> speech impairment | <input type="checkbox"/> emotionally disturbed |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> autism | <input type="checkbox"/> other health impairment |
| <input type="checkbox"/> orthopedic impairment | <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> multiple disabilities |
| <input type="checkbox"/> visual impairment | <input type="checkbox"/> auditory impairment | <input type="checkbox"/> deaf-blind |
| <input type="checkbox"/> non-categorical | | |

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

- ☒ ☐ The ARD committee reviewed achievement on the previous year's short-term objectives on the IEP.
YES NO (Applicable to all but initial ARD meetings.)

***Present Competencies:**

physical - Appropriate for school related tasks.

Behavioral - Does not complete work, apathetic

Academic - does not complete all assignment.

Prevocational - will address at appropriate time

- ☒ ☐ The student is capable of following the Student Code of Conduct without modification. If NO, complete ARD/IEP SUPPLEMENT: Behavior Management Plan (ARDBMP-1, -2, & -3).
YES NO

¹Include consideration of occupational training needs for students at or before entry into high school or by age 14.

²The components of the Individual Transition Plan (ITP) and needed transition services must be addressed in the ARD/IEP Supplement: Transition Services.

³If the student is suspected of being medically fragile, the ARD/IEP Supplement: Students Who Are Medically Fragile should be completed.

* Denotes required items

INDIVIDUAL EDUCATION PLAN (IEP)

CONTENT MASTERY

Page 3 of 11



*Instructional Services

Duration of Services from 5/20/98 to 5/20/99
mo/day/yr mo/day/yr



Draft 5/20/98
Date



*Related Services

Specify: _____

Position responsible for implementation
of related service _____



Accepted by ARD
Committee

GOAL:

Bart Gimes will master 8th grade level modified essential elements with a minimum of 70% accuracy.

Short Term Objectives:	Criteria and Evaluation Procedures / Mastery	Schedule for Evaluation	(✓) if met
The student will be able to master individual essential elements as planned by the regular classroom teacher in the following subjects: Reading Language Spelling Math Social Studies Science/Health	CRTs Teacher made tests Student performance Student participation Other _____ 70% mastery unless otherwise noted _____	Every six weeks during the school year	

GOAL:

This student will receive Supplemental Reading Instruction _____

For short term goals see attached form ☐

COORDINATION BETWEEN REG. ED. AND SP.ED.

Responsibility for monitoring student's performance in regular education: Content Mastery Teacher

Frequency: Three and Six Weeks

Method: Progress Notes, Report Cards, and Consultation

Schedule for evaluating progress for participation in extracurricular activities will be:

3 wks

6 wks

other _____

Elementary
SPED 10/94

NAME OF STUDENT

HK Stevens / CHS - 9th grade
CAMPUS

SPECIAL LANGUAGE PROGRAMS¹

☐ Bilingual
☐ ESL

NA

☐ YES
☒ NO

☒ YES
☐ NO

☐ YES
☐ NO

NA

☐ MODIFICATIONS NOT
NEEDED OR NOT
APPLICABLE

GOAL & OBJECTIVE/SUBJECT

All Subjects

Reduced assignments

Taped assignments

Extra time for completing assignments

Opportunity to respond orally

Emphasis on major points

Task analysis of assignments

Special projects in lieu of assignments

Other:

Other:

Opportunity to leave class for resource assistance

CM

✓

Short instructions (1 or 2 steps)

Opportunity to repeat and explain instructions

Encouragement to verbalize steps needed to complete assignment/task

Opportunity to write instructions

Assignment notebooks

Visual aids (pictures, flash cards, etc.)

Auditory aids (cues, tapes, etc.)

Instructional aids

Extra time for oral response

Extra time for written response

Exams of reduced length

Oral exams

Open book exams

Study carrel for independent work

Frequent feedback

Immediate feedback

Minimal auditory distractions

Encouragement for classroom participation

Peer tutoring/paired working arrangement

Opportunity for student to dictate themes, information, answers on tape or to others

Other:

Other:

* Special language programs are required for all students who are limited English proficient.
Denotes required items

*INSTRUCTIONAL MODIFICATIONS/SUPPORTS DETERMINED BY ARD COMMITTEE, continued

GOAL & OBJECTIVE/SUBJECT

	All Subjects							
ADAPT MATERIALS BY PROVIDING:								
Peer to read materials								
Tape recording of required readings								
Highlighted materials for emphasis <i>in CM</i>	✓							
Altered format of materials								
Study aids/manipulatives								
ESL materials								
Large print materials								
Braille materials								
Color transparencies								
Other:								
Other:								

MANAGE BEHAVIOR BY PROVIDING:								
Clearly defined limits								
Frequent reminders of rules								
Positive reinforcement	✓							
Frequent eye contact/proximity control	✓							
Frequent breaks	✓							
Private discussion about behavior								
In-class timeout								
Opportunity to help teacher								
Seat near the teacher								
Supervision during transition activities								
Implementation of behavior contract								
Other:								
Other:								

REQUIRED EQUIPMENT/ASSISTIVE TECHNOLOGY DEVICES:								
Calculators	✓							
Word processors								
Augmentative communication device								
Note taker/note taking paper								
Interpreter								
Decoders for TV and films								
Access to equipment:								
Other:								

*Criterion referenced assessment (TAAS)¹:

- | | |
|----------------------------|--|
| ✓ will take reading | exempt in all areas |
| ✓ will take mathematics | ✓ will take science |
| ✓ will take writing | not offered for this student's grade placement |
| ✓ will take social studies | |

End-of-Course Examinations²:

- | |
|--|
| not enrolled in Algebra I or Biology I |
| ✓ will take Algebra I |
| will not take Algebra I |
| ✓ will take Biology I |
| will not take Biology I |

Modifications and/or alternative assessments:

Modifications as defined in test administration materials:

¹Until Spanish TAAS tests are available, LEP students exempt from the English TAAS must be tested with alternative measures of accountability.
²The only students not required to test are students receiving content modifications resulting in an "S" on the transcript, as stated in test administration materials. These materials also provide information about testing these students for local purposes.

* Denotes required items

***Removal from General Education Campus** **NOT APPLICABLE**

- ☐ Services and/or therapies in the student's IEP cannot be provided on a general education campus.
- ☐ The behavior management plan contained in the student's IEP cannot be implemented on a general education campus.
- ☐ The student's behavior is so dangerous that it cannot be controlled without intense supervision and a closed environment.
- ☐ The student had a previously unsuccessful placement on a general education campus. If selected, list instructional and related service goals and objectives and modification/support services that address returning the student to the general education campus.

☐ Other: _____

***Opportunity to Participate**

*In removing this student from the general education classroom/campus, will the student have the opportunity to participate with students without disabilities in all nonacademic and extracurricular activities?

☒ YES ☐ NO

If no, describe the nonacademic and extracurricular activities in which the student will not have an opportunity to participate:

- | | | |
|--|---|--|
| <input type="checkbox"/> Meals | <input type="checkbox"/> Yearbook/newspaper | <input type="checkbox"/> General education routines (homeroom assignments, lockers, study hall, class changes, social) |
| <input type="checkbox"/> Field trips | <input type="checkbox"/> Recess periods | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fund raising activities | <input type="checkbox"/> Choral group/debate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Regular transportation | <input type="checkbox"/> Assemblies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports/cheerleading | <input type="checkbox"/> Band | |
| <input type="checkbox"/> Student council | <input type="checkbox"/> Graduation exercises | |

*If any of the above items are checked, explain why this student is unable to participate:

NA

***Consideration of Potential Harmful Effects**

*In removing this student from the general education classroom/campus, what are the potential harmful effects on the student and on the quality of services which the student needs?

☒ None anticipated

- | | |
|--|---|
| <input type="checkbox"/> Lack of opportunity for appropriate role models | <input type="checkbox"/> Decreased access to the instructional opportunities available in integrated settings |
| <input type="checkbox"/> Stigmatization | <input type="checkbox"/> Diminished access to full range of curriculum |
| <input type="checkbox"/> Isolation from peers | <input type="checkbox"/> Lack of opportunity for social interaction |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Decreased student self-esteem |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

*SCHEDULE OF SERVICES

9th GRADE

INSTRUCTION					PROGRESS / GRADE DETERMINED BY:		
Year	Semester	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	GEN. ED.	SPE. ED.
COURSE/CURRICULUM AREA		YES	NO			ED.	ED.
English		✓		1 pd	5-2	✓	
Math		✓		1	3	✓	
Science		✓		1	3	✓	
Social Studies		✓		1	3	✓	
				1	3		
Electives		✓				✓	
Electives		✓		✓		✓	

RELATED SERVICES	*TIME PER WEEK
Occupational Therapy	
Physical Therapy	
Counseling	
<u>none</u>	

INSTRUCTION					PROGRESS / GRADE DETERMINED BY:		
Year	Semester	GEN. ED. MODIFIED		GEN. ED. TIME	SPE. ED. TIME	GEN. ED.	SPE. ED.
COURSE/CURRICULUM AREA		YES	NO			ED.	ED.

Extended Year Services recommended:

- ☐ YES If yes, see attached
☒ NO ARD/IEP supplement.

☐ YES ☒ NO Special Transportation If yes, cite justification: _____

*PLACEMENT DETERMINATION

*The ARD committee determined that services will be provided at:

CHS 9
NAME OF SCHOOL CAMPUS

Cm - 03
NAME OF INSTRUCTIONAL ARRANGEMENT¹

☒ YES ☐ NO *This is the campus the student would attend if not disabled. If NO, identify (list or describe) the services which cannot reasonably be provided on the student's home campus.

☒ YES ☐ NO *This is the campus which is as close as possible to the student's home. If NO, justify:

¹Enter instructional arrangement that meets requirements listed in the *Student Attendance Accounting Handbook*.
* Denotes required items

ASSURANCES (Initial by representative of school district)

*The ARD committee assures that this student is being educated with students his/her age who do not have disabilities to the maximum extent appropriate to his/her overall educational needs (including academic and developmental areas such as language and socialization).

*The committee assures that all instruction and related services specified in the IEP will be provided to the student at no cost. Fees normally charged to students without disabilities or their parents as part of the general education program may be charged (i.e., art or laboratory fees).

NOTE: IF APPROPRIATE, COMPLETE ARD/IEP SUPPLEMENT: OUT-OF-DISTRICT PLACEMENT VERIFICATION (ARD SUP-OD) OR REFERRAL TO A REGIONAL DAY SCHOOL PROGRAM FOR THE DEAF (ARD SUP-RDSPD).

ARD held to discuss sp. ed.
counseling assessment. Ms.
Baldwin did not rec.
~~ass~~ counseling for Bart
(see report).

CROWLEY INDEPENDENT SCHOOL DISTRICT
SPECIAL SERVICES DEPARTMENTARD/IEP SUPPLEMENT
GRADUATIONB. Gaines
NAME OF STUDENT5-20-98
DATE OF MEETING
May 2002
ANTICIPATED DATE OF GRADUATION

*The ARD committee has determined that this student will graduate under the following option:

- ☒ * This student has satisfactorily completed the minimum academic credit requirements for graduation applicable to students without handicaps, which includes satisfactory performance on the exit level assessment instrument.
- ☐ * This student has maintained full-time employment without direct and ongoing educational support of the local school district based on this student's abilities and local employment opportunities. This option requires this student to complete his/her IEP and attain sufficient self-help skills to maintain the employment.
- ☐ * This student has demonstrated mastery of specific employability and self-help skills which will not require direct ongoing educational support of the local school district. This option requires this student to complete his/her IEP.
- ☐ * This student has gained access to services which are not within the legal responsibility of public education, or employment, or further educational opportunities. This option requires this student to complete his/her IEP.
- ☐ * This student no longer meets age eligibility requirements and has completed the requirements specified in the IEP.

*SIGNATURES OF COMMITTEE MEMBERS AND OTHER PARTICIPANTS

MEMBERS	SIGNATURE AND TITLE	POSITION	AGREE	DISAGREE
	<i>Melissa Adams</i>	Parent(s)/Adult Student ¹	✓	
	<i>A.B. Henderson</i>	Administrator	✓	
		General Education Teacher		
	<i>Reg. McDevitt</i>	Special Education Teacher	✓	
	<i>S. Mandlich</i>	Assessment ²	✓	
OTHER PARTICIPANTS				
		Representative of LPAC ³		
		Vocational		
		Interpreter, if used		

My signature indicates that I was present at the ARD meeting, participated in the discussion, and understand what was discussed.

☒ The committee mutually agreed to implement the services reflected in these proceedings.

OR

☐ The members of this ARD committee have not reached mutual agreement. The school has offered and the parent has agreed to a recess of not more than 10 school days. During the recess the members shall consider alternatives, gather additional data, and/or obtain additional resource persons to enable them to reach mutual agreement. This recess does not apply if the student presents a danger of physical harm to himself or herself or others, or if the student has committed an expellable offense. The committee will reconvene on _____ at _____

DATE

PLACE AND TIME

4.

Information explaining why mutual agreement has not been reached may be attached.

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child. Another copy of the procedural safeguards (rights) is attached to this form. Date given: _____ To: _____

NAME

¹ Parental consent for initial placement is required before services begin.

² Assessment personnel are required when assessment issues are included in the ARD committee's deliberations.

³ LPAC representative is required at ARD of any student who is limited English proficient.

⁴ Include documentation concerning the reconvened ARD committee meeting.

* Denotes required items

SPECIAL EDUCATION COUNSELING
Counseling Assessment Summary

Student Bart Laines
DOB 10/25/82 Age 15 Sex M
School HF Stevens Grade 8

Report date 4/23/98

☒ Initial Assessment

☐ Post Counseling Reassessment

☐ Annual Review

Reason for referral:

Frequent off-task behavior, easily distracted
mood swings, inappropriate verbal and
physical responses

Medications taken	Dosage
<i>none</i>	

Student attendance: ☒ satisfactory ☒ excessive tardies, (number 10) ☐ excessive absences, (number)

Overall Academic Progress: ☐ satisfactory ☐ poor ☐ recently started failing ☒ history of failing

Areas student is failing

Peer Interactions: ☐ satisfactory ☒ poor ☐ over involved ☐ avoidant ☐ tension/conflict ☐ aggressive

Interaction w/ adults: ☐ satisfactory ☐ poor ☐ over involved ☒ avoidant ☐ tension/conflict ☐ aggressive

Self-Concept: ☐ self-accepting ☐ overestimates self ☐ underestimates self ☐ self-critical ☒ self destructive

Sources used for assessment:

☒ parent information
☒ teacher information
☐ student interview
☐ observation
☐ behavior inventory
☐ previous assessment information

Assessment Dates:

<u>3 1 2 1 98</u>	<input type="checkbox"/> Observation	<input type="checkbox"/> Interview	<input checked="" type="checkbox"/> Consult w/ Parent <u>Teachers</u>
<u>3 1 9 1 98</u>	<input type="checkbox"/> Observation	<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Consult w/ Parent / Teachers
<u>3 1 25 1 98</u>	<input type="checkbox"/> Observation	<input checked="" type="checkbox"/> Interview	<input type="checkbox"/> Consult w/ Parent / Teachers
<u>4 1 7 1 98</u>	<input type="checkbox"/> Observation	<input type="checkbox"/> Interview	<input type="checkbox"/> Consult w/ Parent / Teachers

* Numerous unsuccessful attempts to contact mother by phone

Individual Needs / Goals:

<input type="checkbox"/> Belonging	<input checked="" type="checkbox"/> Power	<input type="checkbox"/> Freedom	<input type="checkbox"/> Fun
<input type="checkbox"/> Attention	<input checked="" type="checkbox"/> Escape	<input type="checkbox"/> Sensory	<input type="checkbox"/> Tangible

Student strengths: grooming, one-on-one interactions
mechanical tasks

Primary emotional / behavioral issues that interfere with academic success:

Drug use, apathetic regarding school, oppositional

Student attitude toward attending counseling:

☐ eager

☐ agreeable

☐ uncertain

☒ resistant

☐ refuses

Views counseling as a waste of time

Student willingness to identify personal goals for counseling: ☐ very willing ☐ some willingness ☒ unwilling

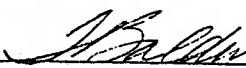
Student goals identified: Has no desire to change or work toward goals at this time

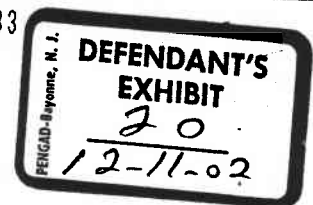
Additional Notes:

History of family crises and trauma - frequent moves and changes in schools. Parent reports drug use and smoking by Bart. He was recently admitted to Excel Program - Stayed only about 5 days - no follow up. Bart is resistant to counseling. He states he has no desire to change at this time. Due to his resistance and refusal counseling would not be beneficial at this time. Counselor is available to consult with teachers and/or parents to support Bart more indirectly.

Recommendations:

- ☒ Based on assessment, the need for direct special education counseling is not indicated at this time.
- ☐ In order to be more successful in the instructional setting, the student will receive special education counseling services to help him/her: (See attached Counseling Plan)
- ☒ Teacher consultation is recommended to facilitate environmental change and support.
- ☒ Parent consultation is recommended to facilitate home / school communication and reinforce a united plan for change and support.
- ☐ Consultation with community based agencies or professionals.


Tricia Baldwin M.Ed., LPC
Special Education Counselor



AFFIDAVIT

Before me, the undersigned authority, personally appeared, who being by me duly sworn,
deposed as follows:

My name is BRENDA HALE Russell
(RRA/RHIA Full Name)

I am of sound mind, capable of making the affidavit, and personally acquainted with the facts here stated:

I am the custodian of the records of Texas Rehabilitation Commission Caseload
(Facility Name and Address)

3005 ALTA MIRE, Fort Worth, Texas 76116

Attached here are 24 pages from the medical record of:
(# of Pages)

BARTON R. GAINES

(Patient Name)

Hospital Stay period: Non-hospital stay

(Admission and Discharge Date)

These said pages of records are kept by said Hospital in the regular course of business, and it was the regular course of business of said Hospital for an employee or representative of said Hospital, with knowledge of the act, event, condition, opinion or diagnosis recorded, to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter.

The record attached hereto is the **original or an exact duplicate of the original** and no other documents exist on the files for the above named person, which pertain to the admission and discharge, noted above.

Brenda H. Russell

(RRA/RHIA Signature)

SWORN TO AND SUBSCRIBED before me on this 11 day of December, 2002

(Notary Public in and for the STATE OF TEXAS)

SEAL

(Printed Name)

My commission expires:

Rebecca W. Gant
Deputy District Clerk

Tarrant County, TX

Texas Rehabilitation Commission
Rehabilitation Services System
Version 5.2 Mar 20, 2002

Case Note

Monday, April 5, 2002

2:49:38 PM

Client Name: Barton R. Gaines

Date Created: 12/05/2001

Title: Diagnostic Interview

Case Note: GENERAL OVERVIEW: Barton Gaines met with this counselor on today accompanied by his parents. He was neatly dressed and very appropriate in attitude, presented positively with good eye contact. Parents initially provided update on client's problems with employment, but when time to actually interview client, he requested to do it alone. Requested for parents to leave. Counseled with applicant concerning informed choice as applicable to employment goals, services, and service providers. Applicant stated a desire to train and obtain employment and a need for assistance from this agency. Applicant seems highly motivated to complete diagnostics and is interested in obtaining services to find employment.

DISABILITY ISSUES/ASSETS/LIMITATIONS: Applicant states limited work history due to disability; I have had problems with getting my materials to the right place when I worked at Albertson's. I lost my job because I couldn't get the sequencing right. I have had jobs where I worked with people and the problem was with getting the customer's order right and dealing with upset customers was hard for me. I quit high school due to learning problems. My mom put me in private school but I was so far behind she took me out. I was then home schooled.

COUNSELOR'S PERSPECTIVE ON SERVICES NEEDED: Applicant will need assistance with selecting appropriate vocation goals, assistance with locating suitable employment; referral for addition support services, Assistance with counseling and guidance;

REPORTED COMPARABLE BENEFITS/SERVICES: No additional benefits reported

ASSISTIVE TECHNOLOGY: Information about the availability of assistive technology should comprehensive assessment indicate need, was provided.

WORK HISTORY REFLECTS IMPEDIMENTS TO EMPLOYMENT BECAUSE: Applicant has lost employment as a result of learning disability. Applicant reports a desire to obtain training and has a need for counseling and guidance to select the appropriate vocation.

Case Note

Friday, April 5, 2002

2:50:06 PM

Client Name: Barton R. Gaines

Date Created: 12/05/2001

Title: Diagnostic Interview 2

Case Note: Transferable skills - Applicant does have transferable skills of : Good hand skill coordination. Can build anything, but have problems dealing with people.

APPLICANT'S PERSPECTIVE:

Nature, extent and functional limitations resulting from disability - Applicant states that as a result of his disability he has problems: dealing with people and with interpersonal issues; Has had difficulty with numbers and sequencing and lost employment as a result; Has had to have help with locating employment;

How do limitations interfere with employment or preparation for employment? Has had difficulty with application process, training and interacting with other; problems with reading skills, mathematics skills, problems with retention of materials, problems with taking test, Quit school as a result of these problems;

Education -Applicant obtained a GED Certificate July 2000

Psychosocial and vocational adjustment -

Applicant is single, never married resides with parents and has supportive family;

Services being requested -Applicant is requesting assistance with obtaining training; He is unsure of vocational direction just states he knows he needs help;

Expressed/adaptive interests/capacities -Applicant expressed interest in Working with his hands;

Financial -Applicant reports income from parents, however is unsure of amount

Disincentives: None noted

CLIENT ASSISTANCE PROGRAM BROCHURE WAS PROVIDED TO APPLICANT.

INFORMED CHOICE WAS GIVEN TO CLIENT ABOUT DIAGNOSTIC PROVIDERS. CLIENT WAS OFFERED THE OPPORTUNITY TO REGISTER TO VOTE

ACTIONS NEEDED: schedule psychological eval; schedule vocational eval, 5 day; Provided career interest inventory , request medical records from: See treatment information;

BRENDA RUSSELL, VRCIII

Texas Rehabilitation Commission
Rehabilitation Services System
Version 5.2 Mar 20, 2002

Case Note

Friday, April 5, 2002

Client Name: Barton R. Gaines

Date Created: 12/05/2001

Title: Profile Case Note

Case Note:

- 1) Have you lost a job due to your disability? Yes
- 2) Has or will your disability interfered with your ability to get a job? Yes
- 3) Has or will your disability interfered with training or other preparation for a job?
Yes
- 4) Has or will your disability caused you to need special assistance to perform job
duties? Yes
- 5) Have you ever worked? Yes
- 6) How are you in danger of losing your job and what services do you need from
TRC to obtain or maintain employment? I need help with getting a job;

Texas Rehabilitation Commission
Rehabilitation Services System
Version 5.2 Mar 20, 2002

Case Note

Friday, April 5, 2002

Client Name: Barton R. Gaines

Date Created: 11/28/2001

Title: TRC465 Application Appointment

Case Note: Letter Dated: November 28, 2001
Appointment Date: Wednesday, December 5, 2001
Appointment Time: 9:30 AM
Appointment Address 1: 3005 ALTA MERE
Contact Person or Office: BRENDA RUSSELL
Phone Number: (817) 731-1431
Letter From: BRENDA H. RUSSELL

Texas Rehabilitation Commission
Rehabilitation Services
Referral for Psychological Evaluation

To: DR. PAUL WARREN

Name of Licensed Psychologist _____

Date and time client is scheduled for evaluation: MONDAY, DECEMBER 17, 2001 @ 11:00 AM

Client Information

The information requested is necessary to help counselors determine eligibility and/or a plan for rehabilitation services for the person named.

Identifying Data:

Name: BARTON GAINES

Date of Birth: OCTOBER 25, 1982

Client Phone Number: 817 249-9098

Education: 12TH

Return Report to:

BRENDA RUSSELL

TEXAS REHABILITATION COMMISSION

3005 ALTA MERE

FORT WORTH, TX 76119

Speaks: ☐ English ☐ Spanish ☐ Other: _____
Reads: ☐ English ☐ Spanish ☐ Other: _____

Reported Disability: _____

Reason for Referral: _____

Specific Accommodations Required: _____

Test Batteries

Please check appropriate box(es):

☐ **General Diagnostic Battery**

- Interview and history
- Full Scale Intelligence Test
- Projective or Objective Personality Test
- Standardized Academic Achievement Test
- Review and evaluation with written report including the five DSMR/DSM-IV axes

☐ **Learning Disability Diagnostic Battery**

- Interview and history
- Full Scale Intelligence Test
- Projective or Objective Personality Test
- Comprehensive Standardized Academic Achievement Test (e.g. WJ, PIAT, etc.)*
- Review and evaluation with written report including the five DSMR/DSM-IV axes

*[In the event one of the Comprehensive Achievements tests cannot be administered due to the client's status, and the WRAT-R, WRAT-III or similar battery is more appropriate, document and explain why in the evaluation report.]

☐ **Neuropsychological Battery**

- Obtained from a licensed psychologist with specific training and experience in administration and interpretation of neuropsychological testing
- Diagnostic Interview
- Review of history
- Evaluation of Verbal-Cognitive factors
- Evaluation of Emotional Coping factors
- Evaluation of Sensorimotor factors
- Standard Neuropsychological Batteries
- Written report including the five DSMR/DSM-IV axes

Texas Rehabilitation Commission
Rehabilitation Services
Referral for Psychological Evaluation

Test Batteries (continued)

- ☐ Hearing Impaired Battery
- Written report including the five DSMR/DSM-IV axes, but with a licensed psychologist with specific training and experience in administration of Hearing Impaired/Deaf evaluations
- ☐ Other _____

Focus of Evaluation

Specific question(s) to be answered by the psychological evaluation:

Vocational objective(s) under consideration, if any:

1. _____ 2. _____

Additional Information

Current Specific Disabilities:

Reported

Established

Suspected

_____	_____	_____
_____	_____	_____
_____	_____	_____

History of client includes:

- | | |
|--|--|
| <input type="checkbox"/> Accident proneness | <input type="checkbox"/> Irregular discharge from the armed services * |
| <input type="checkbox"/> Attempted suicide * | <input type="checkbox"/> Misconduct in school * |
| <input type="checkbox"/> Brain damage or other neurological disorder * | <input type="checkbox"/> Neurotic behavior * |
| <input type="checkbox"/> Broken home | <input type="checkbox"/> Physical disability * |
| <input type="checkbox"/> Chronic employment instability | <input type="checkbox"/> Placement in special education classes or school for exceptional children * |
| <input type="checkbox"/> Chronic or acute familial discord * | <input type="checkbox"/> Prostitution |
| <input type="checkbox"/> Chronic school failure | <input type="checkbox"/> Psychotic behavior * |
| <input type="checkbox"/> Criminal behavior * | <input type="checkbox"/> Receipt of psychotherapy * |
| <input type="checkbox"/> Difficulty with mood or anxiety * | <input type="checkbox"/> Receipt of public assistance |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> Receipt of social security benefits * |
| <input type="checkbox"/> Drug or alcohol abuse or addiction * | <input type="checkbox"/> Sexual Deviation * |
| <input type="checkbox"/> Hallucinations or delusional thinking * | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hospitalization for psychiatric disorder * | |

Factors which might affect testing (suspected or established):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Illiteracy * | <input type="checkbox"/> Impaired vision * | <input type="checkbox"/> Impaired hearing * | <input type="checkbox"/> Ethnic/Cultural * |
| <input type="checkbox"/> Fear of testing * | <input type="checkbox"/> Medication effects * | <input type="checkbox"/> Resentment of testing * | |
| <input type="checkbox"/> Other (describe): _____ | | | |

* Explanatory remarks:

(Additional remarks continued to the next page.)

**Texas Rehabilitation Commission
Rehabilitation Services
Referral for Psychological Evaluation**

* Explanatory remarks (continued):

Attachments

- | | |
|--|---|
| <p><input type="checkbox"/> Initial Case Notes</p> <p><input type="checkbox"/> School Records</p> <p><input type="checkbox"/> Court Records</p> <p><input type="checkbox"/> Previous Psychological Evaluation</p> <p><input type="checkbox"/> Other:</p> | <p><input type="checkbox"/> Medical Records</p> <p><input type="checkbox"/> Social History</p> <p><input type="checkbox"/> Vocational Communication Assessment for Hearing Impaired Clients</p> |
|--|---|

PSYCHOLOGICAL REPORT

IDENTIFYING INFORMATION:

Name: Barton Gaines

Age: 19

Date of Assessment: 12-17-01

Race: Caucasian

Examiner: Paul L. Warren, Psy.D.

REASON FOR REFERRAL:

Barton Gaines was referred for psychological testing by Brenda Russell of the Texas Rehabilitation Commission in order to assist in the diagnostic process and provide recommendations for future treatment.

TESTS ADMINISTERED:

Wechsler Adult Intelligence Scale-Third Edition (WAIS III)

Wide Range Achievement Test-Revision 3 (WRAT 3)

Personality Assessment Inventory (PAI)

Clinical Interview

PERTINENT BACKGROUND INFORMATION: Barton Gaines is a 19 year old, single male who presents for evaluation. Barton was born in Fort Worth, Texas and is the only child of his biological parents. Barton's parents were married until his father's death, which occurred when Barton was two years old from a motorcycle accident. His mother has been remarried four times, and has been married to her current husband nine years. His mother worked as a cosmetologist, and has been recently a stay-at-home mother and homemaker. Barton describes her as "a pretty good mother...she can be two different people and throws some fits sometimes and can be mean." He adds, "I've learned to agree with her and not argue with her." Barton's current stepfather works as a firefighter. He describes him as "a pretty good father when he takes his medicine," as he has been diagnosed with a Bipolar Disorder. Barton's father is described as having been an "alcoholic...he locked her up in a room once and was abusive." Barton states that alcoholism is quite pervasive on his biological father's side of the family. Both of Barton's paternal grandparents were alcoholics and reportedly committed suicide. Barton has yet to marry and has no children. He was involved in a common-law marriage between the ages of 16 to 17, and they both continued to live with Barton's mother and stepfather.

Barton completed the 9th grade and has attained his GED. He has a minimal work history in warehouse and fast food, with his longest single stretch of employment being for just two months. He is currently interested in pursuing training/work in either auto mechanics or welding.

Barton is reportedly in good health and is not currently prescribed any medication. He was prescribed Wellbutrin last year for about four months by his family doctor. He describes a history of substance abuse beginning at age 14 when he began to smoke marijuana and drink alcohol. He was experimenting with cocaine, methamphetamine, and LSD later that same year. Barton states that he was smoking marijuana on a daily basis from the start. He reports that he was also "drinking real bad." He was involved in selling illegal drugs to support his addiction. He has been recently charged with possession of a controlled substance and is awaiting a court date. He has no prior legal history. Barton was in substance abuse treatment for one week at the Excel Center at age 16. He has not been in any drug treatment since that time. He states that he continues to smoke marijuana "occasionally" and has not drank alcohol in the past four weeks. He is not involved in any substance abuse recovery support group.

mental State Evaluation

BEHAVIORAL OBSERVATIONS/MSE: Barton reported for the evaluation on time, and was casually dressed and well groomed. He is of average height, weight, and appears his chronological age. Barton appeared to be rested, and was generally attentive and cooperative, although somewhat guarded and apprehensive. His gross and fine motor skills appear to be normally developed and unimpaired. His posture and gait were normal. He maintained minimal eye contact with the examiner, and demonstrated limited interpersonal skills. His speech was clear, somewhat slow, and of the normal volume. His mood appeared to be mild to moderately dysphoric and anxious. His affect was somewhat blunted. Barton's thought process was goal-directed and logical. There was no evidence of any hallucinations, delusions, or illusions.

TEST RESULTS/INTERPRETATIONS: Results of present intelligence testing, per the WAIS III, indicate a Full Scale I.Q. of 84 (+/- 5 pts), which places Barton within the Low Average Range of intellectual functioning. Barton attained a Verbal I.Q. of 84, and a Performance I.Q. of 86. He demonstrated a mild to moderate impairment in his attention-concentration for both auditory and visual stimuli (Digit Symbol ss=6; Digit Span ss=6; Arithmetic ss=7). His spatial-motor skills, and fluid visual reasoning abilities, were within the average range and represent an area of relative strength for him (Block Design ss=10; Matrix Reasoning ss=8). His overall fund of knowledge, and command of the English language, was well below average (Vocabulary ss=7; Information ss=7). Barton possesses some abstract reasoning abilities (Similarities ss= 10). He demonstrated adequate frustration tolerance on challenging problems.

*SS-
Standard
Scores*

*Results of present academic achievement testing, per the WRAT-3 are as follows:

Subtest	Raw Score	Standard Score	Percentile	Grade Score
Reading	37	82	12	6
Spelling	28	73	4	4
Arithmetic	33	78	7	5

Academic achievement test results are substantially lower than expected on all three subtests, given current I.Q. test results, and academic background, and are indicative of a pervasive learning disability (Learning Disorder NOS).

Results of present personality testing, per the PAI, are indicative of chronic substance abuse and an Attention Deficit/Hyperactivity Disorder. Barton can best be characterized as a restless, hyperactive young man who has difficulty sustaining his attention and concentration. He is prone to impulsivity, and frequently engages in impulsive, self-defeating behaviors with little or no regard to the possible consequences of such behavior. Barton lacks insight into his contributions to problems, and instead will frequently bemoan the fact that others have treated him unfairly. His relationships have been extremely unstable (T score=78). His substance abuse has no doubt contributed to a high frequency of antisocial, or criminal behaviors (T score =68), although he lacks the egocentricity and stimulus-seeking tendencies of an Antisocial Personality Disorder. He is easily provoked to physical aggression (T score =73), as many males with ADHD are. Barton's ADHD is also a partial explanation for his learning difficulties. He is somewhat compulsive and prone to addiction. There is no evidence of any depressive or anxiety-related disorder at this time. Barton does report a high level of situational stress and possesses adequate motivation and desire for change.

Barton's score on the Drug Problems scale (T score =74) is substantially elevated, and indicate that substance abuse has greatly interfered with his ability to function in all areas of his life.

DIAGNOSTIC IMPRESSIONS: DSM IV

Axis I: Cannabis Dependence (304.30)

Alcohol Dependence (303.90)

Attention Deficit/Hyperactivity Disorder (314.01)

Learning Disorder NOS (315.9)

Axis II: deferred; antisocial behaviors

Axis III: non-contributory

Axis IV: moderate

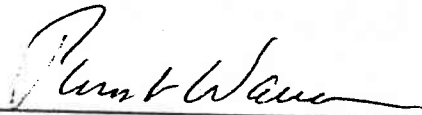
Axis V: Current GAF= 45

General medical Conditions
Psycho-social stressors contributing to problems
Global assessment of functioning
Highest 70 - Lowest 55

RECOMMENDATIONS:

1. Recommend referral to a physician/psychiatrist for further evaluation and possible pharmacological treatment of ADHD. Left untreated, Barton will continue to be at high risk for impulsive self-defeating behaviors and will be limited in his academic and vocational endeavors.

2. Of central concern, is Barton's ongoing risk for substance abuse. He would benefit from ongoing individual counseling and also in participating in a structured substance abuse recovery group such as Twelve-Step. Barton needs at least four people who are supportive to his sobriety and needs to avoid all people who are associated with his drug usage.
3. Barton would benefit from tutoring to strengthen his basic academic skills.
4. Barton's current vocational goals of pursuing training/work in either welding or auto mechanics is appropriate and feasible for him. He needs work that is concrete and allows him to learn in on-the-job training situations. TRC may consider random urinalysis testing if they are to invest in vocational training for Barton.



Paul L. Warren, Psy. D.

PLW: sjh

Florence Ouseph M.D.

Diplomate Psychiatry, American Board of
Psychiatry and Neurology

669 Airport Freeway, Suite 206
Hurst, Texas 76053
617-569-1723

PSYCHIATRIC EVALUATION

Patient: Barton Gaines

Date of

Examination: January 10, 2002

IDENTIFYING INFORMATION:

Patient is a 19-year-old white male

CHIEF COMPLAINT:

Said TRC sent him. TRC sent him for treatment.

HISTORY OF PRESENT ILLNESS:

Patient reported being depressed, off and on for years. Said he does not want to do anything. Said he did not want to get out of bed before November 2001. Said he sleeps about 7 to 8 hours at night. Is eating okay. Is 5 foot 11 inches and weighs 160 pounds. Said he does not feel like he is worth anything. Denied any suicidal thoughts. Patient also reported having anxiety. Said he gets jittery. Denied any chest pain with it. Said it is mainly he meets people. Denied any sweating. Said he avoids meeting any new people. Patient also reported that he has decreased concentration. Said recently he has been better. Regarding street drugs, said he last did Cocaine 2 years ago. He did Cocaine off and on for one year. He last did Acid 1999. He last did Valium or Xanax about 3 months ago. Said the first time he did Xanax was in 2000. Said he was doing Xanax 1mg about maybe about 5 a day every weekend. Regarding Vicodin, he last did it 3 months ago. Said he did only 1 or 2 pills altogether. Regarding Alcohol, he last drank 3 weeks ago. Said he was drinking every 3 weeks maybe. Said he had blackout spells when he was 16 and 17 years of age. Said he drank more from 15 to 16 years of age. He drank whiskey plus beer. Regarding Speed, he last did it 2 years ago. Regarding Pot, he last did it in January 2002. Said he was doing about 4 or 5 joints a day for about a year.

RECEIVED

JAN 23 2002

FT WORTH WEST F O

PSYCHIATRIC EVALUATION
GAINES, BARTON
PAGE 2

PAST PSYCHIATRIC HISTORY

Patient first took psychotropic medications 3 years ago. Said he took Wellbutrin for about 9 months until 2 years ago. Last went to AA meeting in 1998. Said he took an overdose of Klonopin 1999. Said it was an accident, it was not to kill himself.

MEDICAL HISTORY:

Patient reported that he has had a tonsillectomy, adenoidectomy. Denied any headaches or seizures. Denied any problems with eyes, ^{ears} ~~ears~~, or nose. Denied any chest pains or shortness of breath. Denied any bowel or bladder problems. Denied any abdominal pain.

FAMILY HISTORY:

Said his grandfather and grandmother both committed suicide.

SOCIAL AND PERSONAL HISTORY:

Patient is an only child. Said from his middle school years onwards, he has had problems. In the 9th grade, he said his step-dad pushed him, so patient moved out for 3 months. Lived with girlfriend and her parents, then went back to the grandma's house. Said patient lived there for about 6 months, then he moved back to his parent's house. Said last year he moved out to his own apartment for about 3 months. Now he is back in his parent's house. Denied ever being sexually or physically abused. Patient has a girlfriend, said this has been off and on for a while. She is 17 years old. Said she has a G.E.D. Patient quit school in the 9th grade. Patient did get his G.E.D. in the year 2000. Said his dad died when he was 2 years old. Said the dad got hit when he was on a motorcycle. Said ~~there~~ ^{he} has been working with his step-dad since he was 16 years old. Said in the summer he worked daily with his step-dad. Said now he just works part-time with his step-dad. His step-dad has some kind of business. Said from this coming Monday he is going to go to work at another job. Said he did work at another job other than with the step-dad in October 2001 for about a month. Other than working with the step-dad, he also worked at a car wash in 1999. Said he has had conflicts with his step-dad. Said his mother has been married about 4 times.

STRENGTHS: Patient wants to get better. Has support of his family.

MENTAL STATUS EXAMINATION:

Patient is alert. Was cooperative. Had fair eye contact. Speech was clear. Mood and affect were depressed. Patient was not suicidal. Was not delusional or hallucinating. Did not have

RECEIVED
JAN 23 2002
FT WORTH WEST FO

PSYCHIATRIC EVALUATION
GAINES, BARTON
PAGE 3

loose associations, or flight of ideas or tangentiality noted. Intelligence is average. Memory for remote, recent events and immediate recall is fair. Knew who the current president is and the one before, but was slow in telling who the current president is. Could do serial 7's from 100, but was slow in doing it. Could interpret Proverbs. Judgment is fair. Had some insight.

DIAGNOSTIC IMPRESSION:

AXIS I: Dysthymic Disorder.
Anxiety Disorder, NOS

AXIS II: Deferred.

AXIS III: None Acute.

AXIS IV: Psychosocial stressors moderate

AXIS V: GAF scale about 45 to 50

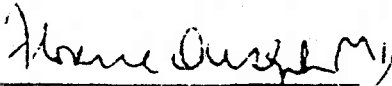
PLAN:

Will give plan of antidepressant medication Paxil 20 mg. 1 at night for 2 days, then 1 at night, #15. Explained to patient the risks and benefits of the medication and to call me should there be any problems. Also patient needs to maintain complete sobriety and go to daily NA meetings.

GOALS AND OBJECTIVES IN TREATMENT:

The objectives are for the patient to be less depressed, to be completely sober.

The goals are for the patient to be more aware of his feelings and to express them appropriately, gain more insight into his problems, handle his conflicts with psychologically healthier defense mechanisms, work on increasing his self esteem, to be more assertive. Patient needs to also work the 12-step program and go to daily NA meetings and maintain complete sobriety.


Florence Ouseph M.D.

RECEIVED
JAN 23 2002
FT WORTH WEST F O

Texas Rehabilitation Commission
Rehabilitation Services System
Version 5.2 Mar 20, 2002

Case Note

ay, April 5, 2002

2:48:01 PM

Client Name: Barton R. Gaines

Date Created: 11/26/2001

Title: Initial Case Note

Case Note: 1) Do you want TRC Services to help you go to work or keep a job? Yes
2) Do you want TRC Services to help you live more independently? No
3) Do you have needs for reasonable accommodations, language preferences, etc.? No
4) Do you have any medical or psychological records you can bring with you? No
5) Will you give TRC permission to request these records? Yes
6) Are you currently or have you ever been a TRC client? No
Comment: REPORTS DISABILITY OF LEARNING DISABILITY. WANTS ASSISTANCE WITH JOB PLACEMENT/ TRAINING.

Texas Rehabilitation Commission
Rehabilitation Services System
Version 5.2 Mar 20, 2002

Case Note

ay, April 5, 2002

2:48:12 PM

Client Name: Barton R. Gaines

Date Created: 11/27/2001

Title: Attempted contact

Case Note: Tried to reach Barton on today. No Answer. Sending him an appointment letter.
BRussell

Barton Gaines

SALLY MICKEL AND ASSOCIATES, INC.
2821 LACKLAND RD. SUITE 204
FT. WORTH, TEXAS 76116
PHONE: 817 737-4000
FAX: 817 737-6899

VOCATIONAL EVALUATION REPORT

NAME: Barton Gaines
DOB: 10/25/82
REFERRED BY: Brenda Russell
ONSET: Unknown
DIAGNOSIS: Learning Disability

DATE: 1/3/01
AGE: 19
AGENCY: Texas Rehabilitation Commission

Brenda Russell of the Texas Rehabilitation Commission referred Barton for a 3-day Vocational Evaluation. The dates of the evaluation were January 02, 03, 04, & January 08, 09, 2002. The purpose of the vocational evaluation is to determine the type of work that Barton can perform. Barton was referred with a learning disability.

His stated functional limitations are: difficulty dealing with people, interpersonal issues, reading, writing and math skills.

He takes no prescribed medication.

EDUCATION

Barton has completed the 8th grade. Additionally, he obtained his GED at the age of 17.

VOCATIONAL PROFILE

Barton's work history is such that his vocational profile is represented as follows:

<u>Job Title</u>	<u>DOT Code</u>	<u>SVP</u>	<u>Skill Level</u>	<u>Physical Demand</u>
Fast Food	311.472-010	2	Unskilled	Light
Furniture Mover	905.663-018	4	Semiskilled	Very Heavy
Car Wash Attendant	915.667-010	2	Unskilled	Light

RECEIVED
JAN 25 2002
FT. NORTH WEST FO

TESTS ADMINISTERED

Career Occupational Preference System (COPS):

This instrument is a forced choice interest inventory that helps one define the level of work in which they are most interested.

High Interests: Skilled Science, Skilled Technology, and Skilled Service.

Low Interests: Professional Business, Communications, and Skilled Arts.

Career Orientation Placement and Evaluation Survey (COPES):

This instrument represents an assessment of values that people consider being important in their work and in the activities they perform related to work activities performed in a variety of occupations. The evaluatee selects (by forced choice) from many different types of activities performed in a variety of occupations.

High Values: Carefree, Conformity, and Flexibility.

His corresponding values best match occupations in the categories of Skilled Science, Skilled Technology, and Clerical.

Tests of Adult Basic Education (Survey Form) (TABE):

SUBTEST	GRADE LEVEL
Reading	8.7
Math	5.9
Language	7.9

Career Ability Placement Survey (CAPS):

APTITUDE	PERCENTILE
Mechanical Reasoning	17%
Spatial Relation	32%
Verbal Reasoning	17%
Numerical Reasoning	8%
Language Usage	2%
Word Knowledge	8%
Perceptual Speed and Accuracy	8%
Manual Speed and Dexterity	32%

His tested interests, aptitudes and work values correspond best with occupations in the categories of Skilled Technology, Consumer Economics, Outdoor, and Skilled Service.

RECEIVED
JAN 11 2007
FT WORTH WEST F O

TESTS ADMINISTERED CONTINUED

Differential Aptitude Tests (DAT):

APTITUDE	PERCENTILE
Verbal Reasoning	3%
Numerical Reasoning	3%
Abstract Reasoning	30%
Mechanical Reasoning	10%
Space Relations	45%
Spelling	10%
Language Usage	3%
Scholastic Aptitude (Verbal and Numerical Reasoning)	1%

VALPAR Component Work Samples (WQP = Worker Qualification Profile)

VALPAR Size Discrimination (#2)

Does meet/may exceed WQP levels 2 @ 115.0%

He scored high in specific behaviors of physical stamina, following instruction and self-control.

VALPAR Numerical Sorting (#3)

Does meet/may exceed WQP levels @ 150.0%

He scored high on worker characteristics of following instructions, self-confidence and accepting supervision.

VALPAR Independent Problem Solving (#6)

Does meet/may exceed WQP levels @ 125.0%

He scored high in independent problem solving skills, following instructions, self-confidence and accepting supervision.

VALPAR Multi-level Sorting (#7)

Does meet WQP levels @ 90.0%

He scored high on specific behaviors of vitality of work energy, concentrating on work tasks, able to conceptualize problems and make decisions.

RECEIVED
JAN 25 2002
FT. NORTH WEST P.O.

BETA II

This test is used to measure the general intellectual ability of persons who are relatively illiterate, or non-English speaking, or have other language difficulties. The test yields a single intelligence final score that is presented either as an IQ or a percentile test.

His BETA IQ is 106, his percentile is 66%.

WORK ATTITUDES AND BEHAVIOR

The Myers-Briggs Type Indicator (MBTI) is a self-report questionnaire designed to make Jung's theory of psychological types understandable and useful in everyday life. MBTI results identify valuable differences between healthy people, differences that can be the source of much misunderstanding and miscommunication.

Barton participated in this test. This test attempts to determine a person's basic preferences in regard to perception and judgment. He scored ISFJ as his type.

ISFJ

The characteristics frequently associated with this type are "quiet, friendly, responsible, and conscientious. Committed and steady in meeting their obligations. Thorough, painstaking, and accurate. Loyal, considerate, notices and remember specifics about people who are important to them, concerned with how others feel. Strive to create an orderly and harmonious environment at work and at home".

The five most important work environment characteristics for this personality type include Clear structure, Loyalty/security Independence and achievement, Variety of tasks, Teamwork.

The occupational trends for this personality type include Education, Health care, Religious settings or any other occupations where they can draw on their experience base to personally help people in a behind-the-scenes manner.

RECEIVED
JAN 25 2002
NORTH WEST F O

RESULTS OF TESTING

Interests

During the initial interview, Barton did express an interest in working as a firefighter, aircraft assembler, machine tool operator, or with animals. He has a computer and knows how to use it.

Aptitudes

Aptitudes of Mechanical Reasoning, Spatial Relations, Verbal Reasoning, Numerical Ability, Language Usage, Word Knowledge, Perceptual Speed and Accuracy, and Manual Speed and Dexterity were assessed in order to verify if Barton has the ability to perform work as a firefighter, aircraft assembler, machine tool operator, or with animals.

General Learning Abilities

The Standard Progressive Matrices is designed to provide a reliable estimate of a person's capacity to think clearly when allowed to work steadily and undisturbed at his own speed. It is described as one of the purest and best measures of general intellectual functioning available. He scored a 44 with a percentile of 14%, which is below average when compared to others in the same age group.

WORK BEHAVIORS/CHARACTERISTICS

During the evaluation, the following worker traits were observed:

Attendance: Barton did attend all scheduled days of testing.

Punctuality: He was not on time all days and returned from lunch and breaks on time. Barton was 30 minutes late each day. He returned from lunch late as well on two of the days of testing.

Grooming: He was groomed appropriately for the vocational evaluation.

Concentration: He did demonstrate the ability to concentrate on the tasks at hand.

Persistence: He did persist on each task until completion or until the time was up to finish the test.

Initiative: Barton did demonstrate initiative by participating in career exploration activities during the testing.

Interactions: He did demonstrate appropriate interaction with the evaluators and peers while in the testing. Although introverted.

Frustration tolerance: He did demonstrate adequate frustration tolerance during the testing.

Supervision: He did respond well to supervision while participating in the evaluation.

RECEIVED

JAN 25 2002

FT WORTH WEST

JOB SEEKING SKILLS:

Barton did have difficulty in completing a job application. He was not able to give information on previous employment. He is not familiar with sources to aid in finding a job. He does not know that a completed application form needs all blanks filled in. He does not have a resume or a list of references. He does not have general knowledge of behaviors required to maintain employment. He was terminated from his last job due to becoming frustrated.

SUMMARY

A summary of the interests, aptitudes, behavior observations, and work behaviors/personal characteristics is as follows:

There are no jobs Barton can do based upon transferable skills, since his work has been mostly unskilled.

Within the world of unskilled work, the following job titles have been identified:

<u>Job Title</u>	<u>DOT Code</u>	<u>SVP</u>	<u>Skill Level</u>	<u>Physical Demand</u>
Cafeteria Attendant	311.677-010	2	Unskilled	Light
Animal Ride Attendant	349.674-010	2	Unskilled	Heavy
Dog Bathers	418.677-010	2	Unskilled	Light
Copy Messenger	239.677-010	2	Unskilled	Light
Parking Enforcement Officer	375.587-010	2	Unskilled	Light
Photo copying-Machine Operator	207.685-014	2	Unskilled	Light
Finishing Machine Operator	649.686-022	2	Unskilled	Light
Folding Machine Operator	208.685-014	2	Unskilled	Light
Machine Presser	363.682-018	2	Unskilled	Light
Drill-Punch Operator	649.685-034	2	Unskilled	Medium
Airline Security Representative	372.667-010	2	Unskilled	Light
Assembly-Press Operator	690.685-014	2	Unskilled	Light

Additional vocational testing has verified that Barton does have the critical abilities, work temperament, and aptitudes to perform work in these occupations:

<u>Job Title</u>	<u>DOT Code</u>	<u>SVP</u>	<u>Skill Level</u>	<u>Physical Demand</u>
*Animal Keeper	412.674-010	4	Semi-skilled	Medium
*Animal Caretaker	410.674-010	4	Semi-skilled	Medium

*Additional training may be required for the above jobs.

RECEIVED

JAN 25 2002

ET MONTH WEST

ANSWERS TO REFERRAL QUESTIONS

1. Can Barton fulfill a vocational role? If so, at what level?

Yes, at the light to heavy unskilled to entry level semi-skilled level of work.

2. What disability-related limitations make it difficult for Barton to work?

He has difficulty with reading, writing, math skills, dealing with people and interpersonal relationships.

3. What behavior or emotional problems were observed which might make it difficult for Barton to work?

He was very introverted and did not interact with anyone during the evaluations.

4. Does Barton appear to be motivated to participate in vocational programming?

Yes, very much.

5. Do there appear to be any medical or physical limitations, not previously reported, which appear to limit vocational functioning?

No other medical or physical limitations were noted or observed.

6. Would Barton's job interest be feasible goals? Why or why not?

No, he does not have the academic skills to work as a firefighter, aircraft assembler or a machine tool operator. He could perform jobs working with animals.

7. Would Barton be able to benefit from a formal skills training program?

No, he does not have the academic skills to succeed in a formal skills training program.

8. What general accommodations will enhance Barton's ability to work?

A job that does not require a lot of reading, writing or math skills. He needs side-by-side demonstration. He also works better alone.

RECEIVED

JAN 25 2002

FT WORTH WEST F O

VOCATIONAL STRENGTHS

1. Barton lives with supportive parents.
2. He has a valid driver's license.
3. He has his own vehicle.
4. He has a GED.
5. He is in overall good health.
6. He is nicely groomed and well mannered.
7. He is above average in nonverbal intellectual ability.
8. He scored above average in clerical perception, motor coordination, and finger manual dexterity skills.

VOCATIONAL LIMITATIONS/NEEDS

1. Barton scored below average in the ability to think clearly and reason logically.
2. He scored below average in reading, language and math skills.
3. He scored below average in mechanical reasoning, spatial relations, verbal reasoning, numerical reasoning, language usage, word knowledge, spelling and perceptual speed and accuracy.
4. He does not have a good work history.
5. He did not fill out his application correctly.
6. He may not know appropriate work behaviors since he has had several jobs and was terminated from one, and he was late several times during evaluation.

RECOMMENDATIONS

1. Refer Barton for Vocational Adjustment Training to help him learn appropriate behaviors for work to help him maintain a job.
2. Consider referring Barton for Supported Employment Services to help him find suitable employment.
3. Consider assisting him with obtaining job skills training.

Sally Mickel
Sally Mickel, M.S., CVE, CRC
Vocational Evaluator
CVE #28412, CRC #28158

Jean Burgin
Jean Burgin, B.S.E.
Vocational Evaluator Test Technician

Cassie Andersen
Cassie Andersen, B.S.
Vocational Evaluator Test Technician

RECEIVED
JAN 25 2002
FT WORTH WEST FO

**IN THE 213TH JUDICIAL DISTRICT COURT
TARRANT COUNTY, TEXAS**

THE STATE OF TEXAS

VS.

CAUSE NO. 0836979A and 0836985A

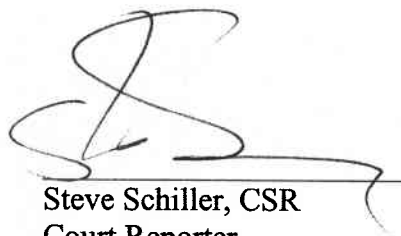
BARTON R. GAINES

COURT REPORTER'S CERTIFICATE

I, Steve Schiller, Deputy Court Reporter in and for the 213th Judicial District Court of Tarrant County, Texas, do hereby certify that the following exhibits constitute true and complete duplicates of the original exhibits, excluding physical evidence, offered into evidence during the trial in the above-entitled and numbered cause as set out herein before the Honorable Robert K. Gill, Judge presiding, and a jury.

I further certify that the total cost for the preparation of this Reporter's Record is \$2,040.00 and will be paid by Tarrant County.

WITNESS MY OFFICIAL HAND on this, the 10th day of April, 2003.

A handwritten signature in black ink, appearing to be 'SS', with a horizontal line extending from the bottom of the signature.

Steve Schiller, CSR
Court Reporter
Tarrant County, Texas
401 West Belknap
Fort Worth, Texas 76196
License No. 4665
Expiration date: 12-31-03