



# Whitley Elementary School PST Referral Forms

## Request for Assistance

Student Name: ~~Whitley, Kristina~~ Date: 9/20/16

Grade: 3 Age: 8 DOB: ~~10/20/07~~

Sex: F Race: B

Parent/  
Guardian: ~~Crystal Burgess~~

Parent Contacted: Yes  
If yes, when? 8/29, 9/8

Teacher making referral: Hoffman Has the student ever received special education services? NO

Is the student on an out of district transfer? No

Has the student previously repeated a grade? No If yes, what grade? \_\_\_\_\_

Reason for Referral: 68 Failing Reading \_\_\_\_\_ Attendance  
59 Failing Math \_\_\_\_\_ Behavior  
\_\_\_\_\_

Please state your concerns regarding this student's need for assistance.

Use the following guiding questions to formulate your statement:

What strategies/techniques have you used to address this concern?

What are the student's strengths and weaknesses?

What can the student do?

What is the learning style of this student? (kinesthetic, auditory, or visual)

**Student is reading and comprehending on a first grade level. Student can decode words and write fluent sentences.  
Student often ignores directions and does not participate in class. Student sleeps, draws, or just sits without engaging.**

Whitley Elementary School  
PST - Student Intervention Plan Form

Section I Factors Considered in Determining Need for Intervention

Student's Name: \_\_\_\_\_ Date: 9/20/16

Gender: Female Race: B

Grade: 3 Age: 8 DOB: 1/1/16  
mm/dd/yyyy

Referring Teacher: Hoffman Specific Concerns:

Student is failing major tests in Reding and Math. Student does worse on second attempts after reataeaching and retesting. Student struggles with reading comprehension and math problem solving, espically where student must determine the appropriate strategy.

Specific Screening/Benchmark Data: (STAR, course averages, etc.)

Hearing Screening:  
Date: \_\_\_\_\_  
\_\_\_\_\_ Pass \_\_\_\_\_ Fail

Vision Screening:  
Date: \_\_\_\_\_  
Near: \_\_\_\_\_ Pass \_\_\_\_\_ Fail  
Far: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Section II. Intervention Plan

Teacher(s) Responsible for Intervention Implementation: Hoffman

Identified Concern(s) to be Addressed (Choose one or more of the following):

- Reading Data: Comprehension of complex texts, STAR Score
- Math Data: problem solving strategies, STAR score
- Behavior Data: \_\_\_\_\_

Types of Interventions: (Choose all that apply to this intervention plan)

- Tier II Intervention Date Initiated: 8/22/2016
  - Reading: word level intervention
  - Reading: comprehension intervention
  - Math: computation intervention
  - Math: reasoning/problem solving intervention
  - Behavior intervention
  - Other intervention
- Tier III Intervention Date Initiated: \_\_\_\_\_
  - Reading: word level intervention
  - Reading: comprehension intervention
  - Math: computation intervention
  - Math: reasoning/problem solving intervention
  - Behavior intervention
  - Other intervention

Intervention Goal: in 12 weeks, the student will:

gain 5.2 SS points per week in Star Reading to 198 and in STAR Math gain 5 points per week to achieve a 500

Progress Monitoring Tool: STAR Reading and Star Math

Intervention Materials: \_\_\_\_\_

**Section III** Intervention Plan Review (plans to be reviewed at least monthly)

Signatures: Cassandra Prather 09/22/16  
 PST Chair \_\_\_\_\_  
 Initiation Date \_\_\_\_\_ Completion Date \_\_\_\_\_

\_\_\_\_\_  
 PST Secretary \_\_\_\_\_  
 Initiation Date \_\_\_\_\_ Completion Date \_\_\_\_\_

Hoffman			
Teacher	Teacher	Teacher	Teacher
<u>Janelle S. Holcomb</u>	Teacher	Teacher	Teacher
Administrator	Counselor	Assistant Principal	

PST Meeting Notes: Date: 9/20/2016

Assessment	Scaled Score	Grade Equivalent	Quarterly Grades	
STAR Reading:	133	1.6	Reading:	<u>53</u>
STAR Math:	331	1.3	Language Arts:	_____
DIBELS:	n/a	n/a	Math:	<u>55</u>
	(wpm)	(accuracy)		
Attendance:	_____ Absences		_____ Tardies	

PST Meeting Notes: Date: 11/10/2016

Assessment	Scaled Score	Grade Equivalent	Quarterly Grades	
STAR Reading:	183	1.9	Reading:	<u>50</u>
STAR Math:	471	2.5	Language Arts:	_____
DIBELS:			Math:	<u>32</u>
	(wpm)	(accuracy)		
Attendance:	_____ Absences		_____ Tardies	



9	10/17	1, 15, 20, 23	TA	TA	TA	1, 15, 20, 23	grades	-	continue	11/7
10	10/24	A	A	1, 15, 20, 23	1, 15, 20, 23	1, 15, 20, 23		-	continue	
11	10/31	A	1, 15, 20, 23	TA	1, 15, 20, 23	1, 15, 2, 20, 23		-	continue	
12	11/7	1, 15, 20, 23	1, 15, 20, 23	1, 15, 20, 23	1, 15, 20, 23	No school		-	Refer	

PROGRESS MONITOR: Date: 11/15 STAR Reading Score: 341 STAR Math Score: 486

**\*\*Use the Intervention for PST Documentation sheet to write the corresponding number to the intervention used each day.**

Principal's Signature Jessica S. Holcomb PST Chairperson Cassandra Prather Teacher \_\_\_\_\_

Initial Date 9/20/16 Completion Date \_\_\_\_\_ Initial Date 9/20/16 Completion Date \_\_\_\_\_ Initial Date \_\_\_\_\_ Completion Date \_\_\_\_\_



# Whitley Elementary School PST Referral Forms

## Request for Assistance

Student Name:                                 **Julian Duggs**                                 Date:                                 8-19-17                                

Grade:                                 1                                 Age:                                  DOB:                                 

Sex:                                 M                                 Race:                                 B                                

Parent/  
Guardian:                                  Parent Contacted:                                 YES                                  
If yes, when?                                 August                                

Teacher making referral:                                 Ms. Colston                                 Has the student ever received special education services?                                 No                                

Is the student on an out of district transfer?                                 No                                

Has the student previously repeated a grade?                                 No                                 If yes, what grade?                                 

Reason for Referral:                                  Failing Reading                                  Attendance                                   
                                x                                 Failing Math                                 x                                 Behavior                                 

Please state your concerns regarding this student's need for assistance.  
Use the following guiding questions to formulate your statement:  
What strategies/techniques have you used to address this concern?  
What are the student's strengths and weaknesses?  
What can the student do?  
What is the learning style of this student? (kinesthetic, auditory, or visual)

**Student cannot count correctly which makes him add and subtract and do all computation wrong.**  
**Strategies/Techniques used: one on one; small group; intervention; posters; websites; re-teaching; retesting; parent conferences. Student's strengths and weaknesses: He is better in reading. He rushes through his work. The student can read and his is a visual learner.**

# Whitley Elementary School Problem Solving Team (PST) Student Intervention Documentation Form – 2015-2016

Student Name: [REDACTED] Date of Birth: \_\_\_\_\_ Race: B Gender: M or F  
 Subject of Concern: Math STAR Reading (or Early Literacy) Benchmark: 410  
 STAR Math Benchmark: \_\_\_\_\_

Cumulative Data: ACT Aspire Score N/A Hearing Screening: Date: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_  
 Vision Screening: Date: \_\_\_\_\_ Pass \_\_\_\_\_ Fail \_\_\_\_\_

Indicate specific academic/behavioral deficiency: Does not have pre-requisite skills. He doesn't know where to write the information. He cannot add, subtract, or count correctly or identify his plane and solid shapes.

Teacher Responsible for Intervention: Ms. T. Colston Tier II: X Tier III: \_\_\_\_\_  
 Intervention Materials: \_\_\_\_\_

Progress Monitoring Tool: STAR Reading and/or Math Baseline Score: \_\_\_\_\_ Goal: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
1	9/19-23	1 3 7	1 3 7	1 3 7	1 3 7 33	1,3,7		-		
2	9/26-30	1 3 7	1 3 7	1 3 7	13 33 29	23 33		-		
3	10/3-7	1 3 7 8	1 3 7 8	1 7 8	13 29 33	11 33		-		
4	10/10-14	1 7 8	1 7 8	1 7 8	13 33 29	11,38		-		

PROGRESS MONITOR: Date: 10/24 STAR Reading/EL Score: 526 STAR Math Score: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
5	10/17-21	1 3 7	1 3 7 23	1 7 8 23	1 7 8	11 33		-		
6	10/24-28	1 3 7	1 3 7 23	1 7 8	1 3 7 33	23 33		-		
7	10/31-11/4	1 3 7	1 3 7 23	1 3 7 23	1 3 7 33	11 33		-		
8	11/7-11	1 3 7	1 3 7 23	20,21,22	20 21 23	Veterans		-		

PROGRESS MONITOR: Date: 11/08 STAR Reading/EL Score: 530 STAR Math Score: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
9	11/14-18	1 3 7	20-23	20-23	23-23	11 33		-		
10	Thanksgiving	Holidays								
11	11/28-12/2	1 3 7	20-23	33,29	33,29	20 33		-		
12	12/5-9	20-23	20-23	33,29	33,29	23,38		-		

PROGRESS MONITOR: Date: 12/02 STAR Reading/EL Score: 449 STAR Math Score: \_\_\_\_\_

**\*\*Use the Intervention for PST Documentation sheet to write the corresponding number to the intervention used each day.**

Principal's Signature Jessica S. Holcomb PST Chairperson Cassandra Prather Teacher Ms. Colston

Initial Date 9/20/16 Completion Date \_\_\_\_\_ Initial Date 9.20.16 Completion Date \_\_\_\_\_ Initial Date 9.20.16 Completion Date \_\_\_\_\_

# Whitley Elementary School Problem Solving Team (PST)

## Student Intervention Documentation Form – 2015-2016

Student Name:                      Date of Birth: Race:   B   Gender: **M** or F  
 Subject of Concern: **Math** STAR Reading (or Early Literacy) Benchmark: \_\_\_\_\_  
 STAR Math Benchmark: \_\_\_\_\_  
 Cumulative Data: ACT Aspire Score \_\_\_\_\_ Hearing Screening: Date: \_\_\_\_\_ Pass \_\_\_ Fail \_\_\_  
 Vision Screening: Date: \_\_\_\_\_ Pass \_\_\_ Fail \_\_\_

Indicate specific academic/behavioral deficiency: Does not have pre-requisite skills. He doesn't know where to write the information. He cannot add, subtract, or count correctly or identify his plane and solid shapes.

Teacher Responsible for Intervention: **Ms. T. Colston** Tier II:   X   Tier III: \_\_\_\_\_  
 Intervention Materials: \_\_\_\_\_

Progress Monitoring Tool: STAR Reading and/or Math Baseline Score: \_\_\_\_\_ Goal: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
13	12/12-16	1 3 7	1 3 7	1 3 7	1 3 7 33	1,3,7		-		
14	Holiday									
15	Holiday									
16	1/4-6	Holiday	Holiday	1 7 8	13 33 29	11,38		-		

PROGRESS MONITOR: Date:   1/4/17   STAR Reading/EL Score:   556   STAR Math Score: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
17	1/9-13	1 3 7	1 3 7 23	1 7 8 23	1 7 8	11 33		-		
18	1/17-20		1 3 7 23	1 7 8				-		
19	1/23- 27									
20										

PROGRESS MONITOR: Date: \_\_\_\_\_ STAR Reading Score: \_\_\_\_\_ STAR Math Score: \_\_\_\_\_

Week	Dates	Mon	Tues	Wed	Thurs	Fri	PM Data	Growth Rate +/-	Team Recommendations (continue/intensify/dismiss)	Progress Report to Parent (Date)
21										
22										
23										
24										

PROGRESS MONITOR: Date: \_\_\_\_\_ STAR Reading Score: \_\_\_\_\_ STAR Math Score: \_\_\_\_\_

**\*\*Use the Intervention for PST Documentation sheet to write the corresponding number to the intervention used each day.**

Principal's Signature \_\_\_\_\_ PST Chairperson \_\_\_\_\_ Teacher Ms. Colston  
 Initial Date \_\_\_\_\_ Completion Date \_\_\_\_\_ Initial Date \_\_\_\_\_ Completion Date \_\_\_\_\_ Initial Date \_\_\_\_\_ Completion Date \_\_\_\_\_