|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | **School:** |  | **Grade:** | |  | |
|  | | | | | | | |
| **Referring Teacher:** |  | **Type of Referral:** | **Intervention Support Team** | |  | **Parent** |  |

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| **I. Student Demographics** | | | | | | | | | |
| **Race/Ethnicity:** |  | | **Gender:** | |  | **Date of Birth:** | |  | |
| **Parent(s) Name:** |  | | | **E-mail Address:** | | |  | | |
| **Mailing Address:** |  | | | **Physical Address:** | | |  | | |
|  |  | | |  | | |  | | |
| **Home Phone:** |  | **Cell Phone:** | |  | | | **Work Phone:** | |  |

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| **II. Specific Areas of Concern – Check all that apply.** | | | | | |
|  | **High Achievement** |  | **Phonological Awareness** |  | **Written Expression** |
|  | **Speech/Language** |  | **Phonics** |  | **Math Calculation** |
|  | **Attention/Behavior** |  | **Reading Fluency** |  | **Math Problem Solving** |
|  | **Vocabulary** |  | **Reading Comprehension** |  | **Other:** |
| **For reading, writing, and math concerns, attach the following. (Check all that apply.)** | | | | | |
|  | **Benchmark Data** |  | **IST Notes (Form # IST 301)** |  | **Other:** |
|  | **Progress Monitoring Data** |  | **AIR Form (Form # PM-202)** |  | **Other:** |
|  | **Gap Analysis (Form # REF 401)** |  | **Rate of Improvement Worksheet (Form # REF-402)** | | |

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| **III. Cumulative Record Review - General** | | | | | | | | | | | | | |
| **Attendance, Current year** | **Days Present:** | | | |  | | | **Days Absent:** | |  | | **Days Tardy:** |  |
| **Attendance, Previous Year** | **Days Present:** | | | |  | | | **Days Absent:** | |  | | **Days Tardy:** |  |
| **Ever Retained?** | **Yes** | |  | **No** | |  | **If Yes, Which Grade(s)?** | | | |  | | |
| **Discipline Record** | | **This Year** | | | **Last year** | | **List other schools this student attended in the past 2 years.** | | | | | | |
| **Number of Office Referrals** | |  | | |  | | **1.** | |  | | | | |
| **Number, After School Detentions** | |  | | |  | | **2.** | |  | | | | |
| **Number, In-school Suspensions** | |  | | |  | | **3.** | |  | | | | |
| **Number, Out-of-School Suspensions** | |  | | |  | | **4.** | |  | | | | |

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| **IV. Standardized Test Outcomes (TCAP Achievement, TNReady, EOC, SAT10, etc.)** | | | | | | | | | | |
| **Test** |  | **Year** |  | | **Year** |  | | **Year** |  | |
| **Subject Area** | | **Score** | | **Type of Measure** | **Score** | | **Type of Measure** | **Score** | | **Type of Measure** |
| **Reading/ELA** | |  | |  |  | |  |  | |  |
| **Mathematics** | |  | |  |  | |  |  | |  |
| **Science** | |  | |  |  | |  |  | |  |
| **Social Studies** | |  | |  |  | |  |  | |  |

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| **V. Tier I Academic Performance, Classroom Grades** | | | | | | | | | | | | |
|  | | **Yr./Semester** |  | **Yr./Semester** |  | **Yr./Semester** |  | **Yr./Semester** | |  | | |
| **Reading** | |  | |  | |  | |  | |  | | |
| **Language** | |  | |  | |  | |  | |  | | |
| **Spelling** | |  | |  | |  | |  | |  | | |
| **English** | |  | |  | |  | |  | |  | | |
| **Mathematics** | |  | |  | |  | |  | |  | | |
| **Science** | |  | |  | |  | |  | |  | | |
| **Social Studies** | |  | |  | |  | |  | |  | | |
| **Has the student’s classroom performance decreased significantly in the past 6-12 months?** | | | | | | | | **Yes** |  | | **No** |  |
|  | * **If yes, explain:** | | | | | | | | | | | |

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| **VI. Exclusionary Factors** | | | | | | | |
| **Include all relevant information that applies to the following.** | | | | **Yes** | | **No** | |
| **1. Is the student’s primary language English?** | | | |  | |  | |
|  | * **If no, what language?** | | | | | | |
| **2. Is a language other than English spoken in the student’s home?** | | | |  | |  | |
|  | * **If yes, what language?** | | | | | | |
| **3. Has the student received ELL services?** | | | |  | |  | |
|  | * **If yes, note dates:** | | | | | | |
| **4. Does the student have a history of significant vision problems?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | | |
| **5. Does the student have a history of significant hearing problems?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | | |
| **6. Does the student have any physical or motor impairment?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | | |
| **7. Does the student exhibit behavior(s) or emotional difficulties that interfere with learning?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **8. Does the student have a current behavior plan or Functional Behavior Assessment (FBA)?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **9. Are there environmental factors present that could impact the student’s ability to learn?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **Include all relevant information that applies to the following.** | | | | **Yes** | **No** | | |
| **10. Has the student experienced recent situational trauma (divorce, death, illness in the family, etc.)?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **11. Are there other situations which could create stress or emotional turmoil?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **12. Does the student have any known medical conditions that might interfere with learning?** | | | |  | |  | |
|  | * **If yes, explain:** | | | | | |  |
|  |  | | | | | |  |
|  |  | | | | | |  |
| **13. Motivational Factors** | | **Always** | **Usually** | **Some**  **times** | | **Never** | |
|  | * **The student wants to succeed in school.** |  |  |  | |  | |
|  | * **The student seeks assistance from teachers, peers, or others.** |  |  |  | |  | |
|  | * **According to parents, student attempts to complete school assignments at home.** |  |  |  | |  | |
|  | * **The student makes an effort to learn.** |  |  |  | |  | |
|  | * **The student’s achievement scores are consistent with classroom grades.** |  |  |  | |  | |
| **14. Describe the student’s classroom interaction with peers and teachers.** | | | | | | | |
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| **15. Use the following space for additional comments.** | | | | | | | |
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| **Completed by:** |  |  | **Title/Position:** |  |
|  | (Print) |  |  |  |
| **Signature:** |  |  | **Date:** |  |