|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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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|  |  |  |
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| --- | --- | --- | --- | --- |
| **Completed by:** |  |  | **Title/Position:** |  |
|  | (Print) |  |  |  |
| **Signature:** |  |  | **Date:** |  |