**CLINTON ELEMENTARY SCHOOL**

**Student Assistance Team**

**Referral Form**

1. **Identifying Information:**

**Student: Referral Date: Phone:**

**DOB: Age: Grade: Teacher:**

**Siblings:**

**Referral Source: Parent: Date(s) Contact Made w/Parent:**

**Special Education:** ☐ **No** ☐ **Yes- List Services Received:**

**Previously Referred for SAT:** ☐ **No** ☐ **Yes- Date/Grade Referred:**

**Retained:** ☐ **No** ☐ **Yes- Grade:**

1. **Areas of Concern:**

**Academic:** ☐ Reading ☐ Language Arts ☐ Math ☐ Study Skills

☐ Social Studies ☐ Science ☐ Other

**Social:**  ☐ Aggression ☐ Truancy ☐ Tardy ☐ Self-Management

☐ Withdrawal ☐ Disruptions ☐ Social Skills

☐ Noncompliance ☐ Mental Health ☐ Other

**Communication:** ☐ Language ☐ Fluency ☐ Voice ☐ Articulation

☐ Other

**Health:** ☐ Vision ☐ Hearing ☐ Motor ☐ Medical

☐ Other

**English Language**

**Proficiency:**  ☐ Comprehension ☐ Expression ☐ Reading

**Intellectual Ability:** ☐ Cognitive abilities appear far below age peers

☐ Cognitive abilities appear to exceed age peers

**Talents:** ☐ Creativity ☐ Leadership ☐ Visual/Performing Arts

1. **Student Interventions/Accommodations Strategies Used:**

☐ Visual/Verbal Cues ☐ Number Line ☐ Provide Notes

☐ Touch Math ☐ Pictures/Charts ☐ Outlines/Webs

☐ Sound Spelling ☐ Music/Rhythmic Patterns ☐ Student re-state info

☐ Highlight Letter/Math Symbols ☐ Behavior Chart ☐ Personalized Examples

☐ Mnemonic Devices ☐ Use Manipulative ☐ Sensory/ Kinesthetic

☐ Modified Assignments ☐ Modeling ☐ Small Group Instruction

☐ Parent Conference ☐ Behavior Contracts ☐ Structure Transitions

☐ In-School Detention ☐ Preferential Seating ☐ Post Class Rules/Expectations

☐ Break Between Tasks ☐ Student Conference ☐ Positive Reinforcement

☐ Contingency Plan ☐ Sensory Breaks ☐ Cue Expected Behavior/Redirection

1. **Implementation of two different interventions with supporting dat**a.

(Must have ***three weeks*** worth of data)- *List just facts, no opinions (***specific and observable description)**

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NWEA: Fall\_\_\_\_/\_\_\_\_\_ Winter\_\_\_\_/\_\_\_\_\_ Spring \_\_\_\_/\_\_\_\_\_

**What’s the underlining difficulty within the subject area?**

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1. Intervention/ Strategy Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Begin date: \_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_ Person(s) responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Assessment: \_\_\_\_\_\_\_\_\_\_\_ Post-Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_ Growth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mastered ☐ **No** ☐ **Yes**

Outcome:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Intervention/ Strategy Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Begin date: \_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_ Person(s) responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Assessment: \_\_\_\_\_\_\_\_\_\_\_ Post-Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_ Growth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mastered ☐ **No** ☐ **Yes**

Outcome:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What would be the best day(s)/time(s) for someone to observe the student having the difficulties that you describe above? (Please attach a copy of the student’s daily schedule, if available):

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Please provide/attach any additional pertinent information such as this student’s most current report card, artifacts, schedule and attendance record and return with referral to

Mary Fisher.