STUDENT SERVICES TEAM REFERRAL

Student Name: _____ Grade: __ Teacher: _____ Date: _____

Problem Definition
Describe the specific concern for which the student is being referred to SST:

Baseline Data
Measure: _____
Baseline score: _____ Date: _____

Background Information
Tier 1 Instruction (Describe the regular classroom curriculum/instructional format/amount of time):

Relevant Data (fill in or attach records)

CRT Scores	Score/Date	Score/Date	Score/Date	Score/Date	Score/Date
Language Arts	_____	_____	_____	_____	_____
Math	_____	_____	_____	_____	_____
Science	_____	_____	_____	_____	_____

DRA Scores: _____

DIBELS Scores	Score/Date	Score/Date	Score/Date	Score/Date	Score/Date
LNF	_____	_____	_____	_____	_____
PSF	_____	_____	_____	_____	_____
NWF	_____	_____	_____	_____	_____
ORF	_____	_____	_____	_____	_____

Attendance: _____

Behavioral Issues: _____

Hearing Screening (Date/results): _____ Vision Screening (Date/results): _____

If LEP, provide: LPL level, UALPA/IPT and describe ESL services:

Relevant information from Parent Questionnaire:

Other relevant background data:

STUDENT SERVICES TEAM REFERRAL (PG. 2)

STUDENT: _____

Interventions (NOTE: An ILP may be used to document interventions.)

Intervention #1: _____

Location: Classroom: _____ Other: _____

Start Date: _____ Baseline data: _____

Curriculum/program: _____

Group Size: ___ Individual ____ 2-5 ____ 6-10 ____ Regular class

Frequency: ___ One/Wk ____Two/Wk ____ Three/Wk ____ Four/Wk ____Daily

Duration: ___ 15 min. ____20 min. ____30 min. ____ 45 min. ____ 60 min. ____Other: ___

Intervention Teacher: ___ Reg. teacher ____ Para ____ Volunteer ___ Other: _____

End Date: _____ Student data: _____ Expected data: _____

Intervention #2: _____

Location: Classroom: _____ Other: _____

Start Date: _____ Baseline data: _____

Curriculum/program: _____

Group Size: ___ Individual ____ 2-5 ____ 6-10 ____ Regular class

Frequency: ___ One/Wk ____Two/Wk ____ Three/Wk ____ Four/Wk ____Daily

Duration: ___ 15 min. ____20 min. ____30 min. ____ 45 min. ____ 60 min. ____Other: ___

Intervention Teacher: ___ Reg. teacher ____ Para ____ Volunteer ___ Other: _____

End Date: _____ Student data:_____ Expected data: _____