

RHS IST REFERRAL FORM

Name of Student: _____ Grade: _____ Date of Referral: _____

Teachers: _____

Guidance Counselor: _____ Administrator: _____

Parent/Guardian: _____ Home Address: _____

Phone(s): Home: _____ Work: _____ Cell: _____ Days Absent: _____

Contact with Parent(s)/Guardian(s) & Date of Contact(s): **Describe Parent Response(s) to Contact(s):**

Letter: _____

Phone: _____

Parent /Teacher Conference: _____

(Please be specific with parent responses and dates.)

A. Student Information - Teacher

1. What have you observed that the student does well – be specific? *(include academic, behavioral, personal, etc.)*

Student Strengths:

- | | | |
|---|--|--|
| <input type="checkbox"/> Positive attitude | <input type="checkbox"/> High expectations for self. | <input type="checkbox"/> Transitions easily |
| <input type="checkbox"/> Hard worker | <input type="checkbox"/> Organized | <input type="checkbox"/> Takes pride in appearance |
| <input type="checkbox"/> Trustworthy | <input type="checkbox"/> Good sense of humor | <input type="checkbox"/> Athletic |
| <input type="checkbox"/> Works well in groups | <input type="checkbox"/> Cooperates | <input type="checkbox"/> Musically talented |
| <input type="checkbox"/> Works well independently | <input type="checkbox"/> Responsible | <input type="checkbox"/> Artistically inclined |
| <input type="checkbox"/> Respectful of authority | <input type="checkbox"/> Creative | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Motivated | <input type="checkbox"/> Has leadership qualities | |

2. What makes this student difficult to teach? Include any academic, social/emotional, behavioral, or medical concerns. If possible, please be specific as to the time of day and classroom conditions in which the difficulties arise. *(Please attach a narrative if necessary)*

Academic Concerns: *(Check all that apply)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Grades declining | <input type="checkbox"/> Poor reading skills | <input type="checkbox"/> Does not follow directions |
| <input type="checkbox"/> Slow rate of work | <input type="checkbox"/> Poor math skills | <input type="checkbox"/> Low retention rate |
| <input type="checkbox"/> Incomplete assignments | <input type="checkbox"/> Poor writing skills | <input type="checkbox"/> Disorganized |
| <input type="checkbox"/> Does not work well independently | <input type="checkbox"/> Poor listening/speaking skills | <input type="checkbox"/> Other: |

Behavioral Concerns: *(Check all that apply)*

- | | | |
|--|--|--|
| <input type="checkbox"/> Verbally disruptive | <input type="checkbox"/> Bullies others | <input type="checkbox"/> Attention seeking behaviors |
| <input type="checkbox"/> Physically disruptive | <input type="checkbox"/> Destroys property | <input type="checkbox"/> Daydreams/sleeps in class |
| <input type="checkbox"/> Physically aggressive | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Avoided by peers |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Hostile when criticized | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Victim of bullying | <input type="checkbox"/> Argumentative/defiant | <input type="checkbox"/> Truant/tardy |
| <input type="checkbox"/> Other: | | |

3. How does the student approach something that he/she is unsure of?

4. Describe the student's level of social development, include the quality of the student's relationship with peers and adults, adjustment to school and community and indicate any behaviors that interfere with the learning environment, or may impede the student's learning process.

5. Briefly describe the student's perception of the difficulty.

B. Classroom Data — Teachers

	Always	Usually	Sometimes	Rarely
Completes classwork				
Completes homework				
Motivated to learn				
Attentive to task				
Can transition between activities				
Generalizes learning to new situations				
Works independently				
Frustrates easily				
Distractible				
Short attention span				
Inconsistent learning				
Follows directions				
Participates in class				
Exhibits self control and organization				

C. Previous/Current Services (P=Previous, C=Current) – School Psychologist/Guidance Counselor

(If current, please list days and times the student is out of the room.)

- Remedial reading
- Remedial Math
- Reading Recovery
- Occupational Therapy
- Physical Therapy
- Speech/Language
- Outside Agencies
- Counseling
- Special Education
- 504 Plan
- Medications (Please List)
- Other (*please list*)

D. Interventions - Teacher

1. What strategies have been used prior to the IST referral? What was the student's response to the interventions?
(Check all that apply)

Strategy	Duration	Response to Intervention
<input type="checkbox"/> Instructional accommodations (<i>please specify</i>)		
<input type="checkbox"/> Modified curriculum (<i>please specify</i>)		
<input type="checkbox"/> Materials modification (<i>please specify</i>)		
<input type="checkbox"/> Alternative materials		
<input type="checkbox"/> Small-group instruction		
<input type="checkbox"/> Extra Help/Tutoring		
<input type="checkbox"/> Assistive technology		
<input type="checkbox"/> Computer Assisted Instruction		
<input type="checkbox"/> English as a second language support		
<input type="checkbox"/> Daily behavior chart		
<input type="checkbox"/> Positive behavior supports (Rewards/Incentives)		
<input type="checkbox"/> Preferential/Assigned seating		
<input type="checkbox"/> Time out – SAVE Removal from class		
<input type="checkbox"/> Problem-solving conference		
<input type="checkbox"/> Attendance monitoring		
<input type="checkbox"/> Reading Interventions		
<input type="checkbox"/> Written Language Interventions		
<input type="checkbox"/> Mathematics Intervention		
<input type="checkbox"/> Organizational Interventions		
<input type="checkbox"/> Other:		

E. Medical Information – Teacher in Consultation with Nurse

1. Does the student exhibit signs of vision or hearing problems?

- ✓ **Vision:** squinting, headaches, tips head sideways, rubbing eyes
- ✓ **Hearing:** tips head, does not respond, talks loud, talks close to face

(If yes, please consult the school nurse for a vision/hearing assessment prior to RtI-IST referral)

2. Is the student exhibiting any other symptoms that may be related to a physical/medical condition?

F. Social/Emotional/Family Stressors – Guidance Counselor & Teacher

1. Are there any factors that may be contributing to the student's overall emotional well being? (ie., divorce, death of a family member, homelessness, substance abuse, etc.)

2. Has this student been referred to building support personnel prior to this referral? (ie., social work/guidance counselors, administration, etc.)

3. Student Data and Evidence – Guidance Counselor & Teacher

Documentation must be provided for each student concern. The following are examples of the types of evidence that may be used by the RTI - IST team to determine appropriate response. Check off each type of documentation that you are submitting and attach to this referral form.

Mandatory Documents:

- Student Schedule
- Report Card
- Progress Report
- Transcript
- NYS Assessment Record
- Discipline Referral Report
- Attendance Record
- Student work samples

Additional Optional Documents:

- Observations
- Medical Records
- Class quizzes and tests
- Curriculum-based measures
- Student portfolio
- Student interview notes
- Parent interview notes
- Interviews with colleagues and/or specialists (summary notes)
- Other: Specify