



EASTERN UPPER PENINSULA INTERMEDIATE SCHOOL DISTRICT STUDENT ASSISTANCE TEAM REFERRAL FORM

Complete the following worksheet prior to initial Student Assistance Team meeting.
Areas identified with (**) are required for an Individual Reading Improvement Plan.

Student's Name: _____ Grade: _____

Referred by: _____ Date: _____

Teacher(s): _____

Background Information

Is there a history of excessive absences? _____ If yes, total absences _____ total tardies _____

Has the student been retained? _____ If yes, what year(s)? _____

Most recent vision exam: Date _____ Results _____

Most recent hearing exam: Date _____ Results _____

Does the student wear glasses? _____

If there are medical or mental health diagnoses, please cite diagnoses and date diagnosed: _____

ACADEMIC ACHIEVEMENT REGARDING GRADE-LEVEL EXPECTATIONS

	DATE	CONTENT AREA	SCORE	PERCENTILE
**State Assessment Name:				
**Benchmark and/or MDE Initial Assessment:				
<input type="checkbox"/> NWEA-MAP <input type="checkbox"/> DIBELS <input type="checkbox"/> AIMSWEB <input type="checkbox"/> Other Initial Assessment: _____				
Progress Monitoring: <input type="checkbox"/> NWEA-MAP <input type="checkbox"/> DIBELS <input type="checkbox"/> AIMSWEB				
**Curriculum Assessments: <input type="checkbox"/> DRA <input type="checkbox"/> STAR <input type="checkbox"/> PLAN <input type="checkbox"/> SAT <input type="checkbox"/> P-SAT <input type="checkbox"/> GLAD <input type="checkbox"/> EXPLORE <input type="checkbox"/> NWEA-MAP				
<input type="checkbox"/> F&P				
**MDE Extensive Assessments: <input type="checkbox"/> Observation Survey of Early Literacy Achievement <input type="checkbox"/> DRA2 <input type="checkbox"/> F&P BAS				
<input type="checkbox"/> Other MDE Extensive Assessment: _____				
Progress Monitoring: Running Records				

Current Grades as of _____ (date) *within 2 weeks

Standards Based Key: _____ = Proficient (Strength) _____ = Partially Proficient (Neutral) _____ = Not Proficient (Weakness)

Reading _____ Writing _____ Math _____ Social Studies _____ Science _____

Academic Strengths and Weaknesses

Please provide data to demonstrate the student’s skill in each area as compared to the age/grade level expectation and as compared to his/her peers.

Note: Data from the Fall of kindergarten may be below the target level and not considered deficient due to a lack of exposure to education and instruction. Fall Kindergarten data will be used as a baseline for growth data and is important to collect.

	Assessment Used and Date Administered	Target Performance Level (age/grade level expectation)	Student Performance Level	Peer Performance Level (average class performance on same assessment)	Target Performance Gap (difference between target and student)	Peer Performance Gap (difference between peer and student)
Basic Reading Skills						
Reading Fluency						
Reading Comprehension						
Mathematics Calculations						
Mathematical Problem-Solving						
Written Expression						
Oral Expression						
Listening Comprehension						

****Date Reading Deficiency was Identified:** _____

**Area(s) of Concern:		
	Phonemic Awareness	Comments:
	Phonics	
	Vocabulary/Oral Language	
	Reading Fluency	
	Reading Comprehension	

Area(s) of Non-Academic Concern	Description of the Problem	Supporting Data: (e.g., # of office referrals, % of homework completed, # of prompts required to initiate a task, etc.)
Inattention		
Organization		
Verbally Inappropriate		
Physically Inappropriate		
Disruptive		
Internalized Behaviors (sad, anxious, etc.)		

Parent Contact (*Two contacts required*):

1. Date: _____ Method: _____ Outcome: _____
2. Date: _____ Method: _____ Outcome: _____

Interventions Utilized (Reading Recovery, Math Recovery, SIMS Strategies, check-in check-out, break system, time away, etc.)

Intervention Attempted	Baseline (include specific data)	Frequency of Intervention (# of weeks, minutes per session)	Duration (start and end date - <i>minimum of 4 weeks</i>)	Results (include specific data)

Accommodations Provided (e.g., reformatted worksheets, changed task size, extended time, visual prompts, increase time, visual timer, etc.)

Accommodation	Baseline (include specific data)	Frequency of Use (daily, all assessments, etc)	Duration (start and end date - <i>minimum of 4 weeks</i>)	Results (include specific data)

Number of Discipline Referrals during the current year _____ (attach copies/summary to form)

Existing ABC [antecedent - behavior - consequence] data - **SAMPLE BELOW - DO NOT** complete here - utilize ABC data collection sheets that are available at www.eupschools.org

Date:	Time:	Antecedent: <i>What happens just before the behavior?</i>	Setting Event <i>(Mark only one)</i>	Behavior Type: <i>What does the behavior look like—in measureable terms?</i>	Behavior Intensity: <i>To what extent is the behavior disruptive to learning? *</i>	Consequence: <i>What happens immediately after the behavior? What is maintaining the behavior?</i>
		<input type="checkbox"/> Adult made a request/gave a direction <input type="checkbox"/> Peer interaction <input type="checkbox"/> Required task <input type="checkbox"/> Transition from one activity to another <input type="checkbox"/> Other: _____	<input type="checkbox"/> Group instruction - seats <input type="checkbox"/> Group instruction - carpet <input type="checkbox"/> Independent Work <input type="checkbox"/> Special (Art, Music, PE) <input type="checkbox"/> Computer lab <input type="checkbox"/> Library <input type="checkbox"/> Hallway <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Recess <input type="checkbox"/> Bus <input type="checkbox"/> Other (sleep, medication, illness, etc.): _____	<input type="checkbox"/> Physically aggressive (hitting, kicking, biting, etc) <input type="checkbox"/> Physically inappropriate movement (on tables, etc) <input type="checkbox"/> Refuses to follow adult directions <input type="checkbox"/> Disruptive/loud/interruptive <input type="checkbox"/> Destroying/Damaging property <input type="checkbox"/> Swearing <input type="checkbox"/> Passive refusal (ignoring, etc) <input type="checkbox"/> Other: _____	<input type="checkbox"/> mild due to noises (words or sounds) or attention required by adults (no physical) <input type="checkbox"/> moderate due to physical threat to self or others including throwing objects/things towards others, spitting towards others, leaving classroom or running away <input type="checkbox"/> high due to causing physical harm to others or self, including hitting, biting, kicking <input type="checkbox"/> severe due to repeatedly physically harming others or self, including hitting repeatedly, kicking repeatedly, etc., during this incident	<input type="checkbox"/> Avoid task (objects/activities) <input type="checkbox"/> Avoid attention (peer/adult) <input type="checkbox"/> Gain attention (peer/adult) <input type="checkbox"/> Escape setting/activity <input type="checkbox"/> Sensory need