|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** | **ID #:**  | **DOB:**  | **Gr.:**  | **Campus:**  |

***Check all that apply.***

|  |  |
| --- | --- |
| **Academic Concerns:** | **Concerns:** |
| [ ]  Reading | [ ]  Writing/Grammar  | [ ]  Inconsistent Performance  | [ ]  Problems Following Directions (Written/Oral)  |
| [ ]  Spelling  | [ ]  Math  | [ ]  Poor Retention  | [ ]  Completing Work/Homework  |
| [ ]  Handwriting (Legibility/Automaticity)  |   |  |

**Behavior Concerns: *Check all that apply.***

|  |  |  |
| --- | --- | --- |
| [ ]  Lacks self-discipline/Disorganization  | [ ]  Lacks Social Skills  | [ ]  Does Not Work Independently  |
| [ ]  Lacks Preparation/Off Task  | [ ]  Disruptive to Others/Self  | [ ]  Overactive or Distractible  |

**Speech Concerns: *Check all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Language  | [ ]  Articulation  | [ ]  Stuttering  |  [ ]  Other:       |

**Educational History: *Check all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| Has this student been enrolled in §504?  | [ ]  Yes  | [ ]  No  | If “Yes”, Disability:       |
| Has student received Speech Therapy?  | [ ]  Yes  | [ ]  No  | If “Yes”, Service Provider:       |
| Has this student been referred to Special Education? | [ ]  Yes  | [ ]  No  | [ ]  DNQ  | [ ]  Qualified:        |

**Attendance and Discipline History:**

|  |  |  |
| --- | --- | --- |
| Current Year:       Days Present |       Days Absent | Number of Discipline Referrals (Current Year):       |
| List All Schools:       | Number of Suspensions:       ISS  |       OSS |
| Retention Years:        | Grades:        | Number of Tardies (Current Year):        |

**Language Dominance: *If “Yes” or “PD” Complete the following. If “No”, “M1 or M2”, Do Not Complete Section.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is this student identified Limited English Proficient?**  | [ ]   **Yes**  | [ ]   **PD**  | [ ]   **No**   | [ ]   **M1**  | [ ]   **M2** |
| Entry Date:        | HLS Date:       | Language:        |
| What is the student’s current category? [ ]  B | [ ]  I | [ ]  A | [ ]  PD | [ ]  ESL | Number of Years in Bilingual/ESL Program:       |
| Has the student attended school in another country? | [ ] Yes | [ ]  No | When did student move to the U.S.?       |
| Name of Country:       | Which Grades?       | Did student attend on a regular basis? [ ]  Yes [ ]  No |

***Check all that apply.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Style** | **Method(s) of Instruction****in Area of Difficulty** | **Strategies Implemented** | **Effectiveness** | **Tier 1 Accommodations**  | **Effectiveness** |
| [ ]  Auditory  | [ ]  Peer Tutoring | [ ]  Assignment Sheets | Choose an item. | Preferential Seating | Choose an item. |
| [ ]  Visual  | [ ]  Role Playing  | [ ]  Change Seating  | Choose an item. | Extra Time | Choose an item. |
| [ ]  Tactile  | [ ]  Discussion/Lecture | [ ]  Behavior Chart | Choose an item. | One to One Instruction | Choose an item. |
| [ ]  Kinesthetic  | [ ]  Modeling/Drill  | [ ]  Disciple Referrals | Choose an item. | Oral Testing | Choose an item. |
|  | [ ]  Learning Centers  | [ ]  Student Conference | Choose an item. | Repeated Instruction | Choose an item. |
|  | [ ]  Other:        | [ ]  Parent Contact | Choose an item. | Re-teach/Re-test | Choose an item. |
|  |  | [ ]  Other:        | Choose an item. | Small Group Instruction | Choose an item. |

**Academic and Achievement History: Copies Must be Attached**

|  |  |  |
| --- | --- | --- |
| * Student Report Card (both sides)
 | * State Assessment STAAR/EOC/Telpas
 | * Special Programs Folder
 |
| * Permanent Report Card (both sides)
 | * Benchmark Scores/Mini Marks
 | * CPALLS and/or TPRI (Previous & Current Year)
 |

|  |  |
| --- | --- |
| Signature of Person Making Referral | Date |