

Glendale Jr./Sr. High School
Child Study Referral Form

Date received by Mr. Magulick: _____

Student Name:	DOB:
	Grade:

Homeroom Teacher:

Referring Party
 Teacher Principal Parent Resource Personnel

Name:

Parent/Guardian Name:

Home Number:	Work Number:	Cell Number:
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Address:

Date Parents were notified of referral:

Check all services student receives:

- | | | |
|----------------------------|------------------------|------------------------|
| _____ In School Counseling | _____ Title Reading | _____ Title Math |
| _____ Speech/Language | _____ Hearing Services | _____ 504/Service Plan |
| _____ OT | _____ PT | _____ Vision Services |
| _____ Retention | | |

Reason for Referral

Please outline specific and descriptive observed behaviors/skills.

Academic Areas: Please indicate areas of concern and fill in all shaded areas

Reading Level is	<input type="checkbox"/> On	<input type="checkbox"/> Below	<input type="checkbox"/> Above
Experiencing difficulty in:	<input type="checkbox"/> Letter/Sound Recognition	<input type="checkbox"/> Phonemic Awareness	
	<input type="checkbox"/> Phonics	<input type="checkbox"/> Word Identification	
	<input type="checkbox"/> Fluency	<input type="checkbox"/> Comprehension	
	<input type="checkbox"/> Applying Skills		

Math Level is	<input type="checkbox"/> On	<input type="checkbox"/> Below	<input type="checkbox"/> Above
Experiencing difficulty in:	<input type="checkbox"/> Number Recognition	<input type="checkbox"/> Number Patterns	
	<input type="checkbox"/> Quantity Discrimination	<input type="checkbox"/> Number Composition	
	<input type="checkbox"/> Math Facts/Mental Computation	<input type="checkbox"/> Computation (Written Algorithms)	
	<input type="checkbox"/> Word Problems	<input type="checkbox"/> Measurement	
	<input type="checkbox"/> Geometry	<input type="checkbox"/> Applying Skills/Word Problems	

Writing Level is	<input type="checkbox"/> On	<input type="checkbox"/> Below	<input type="checkbox"/> Above
Experiencing difficulty in:	<input type="checkbox"/> Legibility	<input type="checkbox"/> Spacing	<input type="checkbox"/> Organization
<input type="checkbox"/> Spelling	<input type="checkbox"/> Grammar	<input type="checkbox"/> Punctuation/Capitalization	<input type="checkbox"/> Applying Skills

Goal Statement

Reading:

Math:

Social/Emotional Areas: Please check all those that apply to the student

General Student Strengths:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Communicative | <input type="checkbox"/> Can accept re-direction |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Logical | <input type="checkbox"/> Participates in extra-curricular activities |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Considerate | <input type="checkbox"/> Demonstrates desire to learn |
| <input type="checkbox"/> Humorous | <input type="checkbox"/> Friendly | <input type="checkbox"/> Athletic |

Other Information:

Work Habits:

- | | | |
|--|---|--|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Follows group directions | <input type="checkbox"/> Works slowly, but accurately |
| <input type="checkbox"/> Completes homework | <input type="checkbox"/> Doesn't turn in homework | <input type="checkbox"/> Works quickly and accurately |
| <input type="checkbox"/> Has organization skills | <input type="checkbox"/> Work often incomplete | <input type="checkbox"/> Works quickly, but inaccurately |
| <input type="checkbox"/> Completes in-class work | <input type="checkbox"/> Unorganized | <input type="checkbox"/> Works slowly, but inaccurately |

Other Information:

Social/Emotional Development:

- | | | |
|--|--|---|
| <input type="checkbox"/> Well behaved | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Impulsive/speaks without permission |
| <input type="checkbox"/> Usually follows rules | <input type="checkbox"/> Gets out of seat | <input type="checkbox"/> Avoids tasks |
| <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Needs routine | <input type="checkbox"/> Interacts inappropriately with peers |
| <input type="checkbox"/> Daydreams | <input type="checkbox"/> Inconsistent class behavior | <input type="checkbox"/> Does not follow class rules |

Other Information:

Ability to Work with Group:

- | | | |
|--|--|--|
| <input type="checkbox"/> Shows leadership | <input type="checkbox"/> Unable to work alone | <input type="checkbox"/> Unable to work with group |
| <input type="checkbox"/> Works well in a group | <input type="checkbox"/> Prefers to work alone | |

Other Information:

Reaction to Discipline:

- | | | |
|---|--|--|
| <input type="checkbox"/> Accepts responsibility | <input type="checkbox"/> Resists authority | <input type="checkbox"/> Denies actions |
| <input type="checkbox"/> Blames others | <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Physical aggression |

Other Information:

Amount of Support Needed:

- | | | |
|--|--|---|
| <input type="checkbox"/> Works independently | <input type="checkbox"/> Needs reminders often | <input type="checkbox"/> Needs much reassurance |
| <input type="checkbox"/> Needs teacher 1:1 | <input type="checkbox"/> Needs directions repeated | |

Other Information:

If student is taking medication, please answer the following:

Name of Medication	Dosage	Time of day taken	Effect

Medical issues that could be affecting child:

Other relevant information (i.e., retention, absences, discipline referral)
