

Glendale Elementary School  
Student Success Team Referral Form

**Date received by principal:** \_\_\_\_\_

Student Name:	DOB:
	Grade:
Homeroom Teacher:	
Referring Party <input type="checkbox"/> Teacher <input type="checkbox"/> Principal <input type="checkbox"/> Parent <input type="checkbox"/> Resource Personnel  Name:	

Parent/Guardian Name:		
Home Number:	Work Number:	Cell Number:
Address:		
<b><i>Date Parents were notified of referral:</i></b>		

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

<b>Reading</b> 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		
DRA Score: _____	DIBELS Composite Score: <input type="checkbox"/> Intensive <input type="checkbox"/> Strategic <input type="checkbox"/> Core		

Please attach Phonemic Awareness Assessment if completed.

<b>Math</b> 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	
DIBELS Composite Score: _____	<input type="checkbox"/> Intensive <input type="checkbox"/> Strategic <input type="checkbox"/> Core		

<b>Writing</b> 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:

Once you have chosen a skill area, please meet with the Title teachers to choose interventions you will implement prior to the first SST meeting. If the concern relates to behavior or social concerns, see Miss Brooks. If there is a medical issue, please see Mrs. Selecky.

Please review your daily schedule and indicate a small block of time when you can implement the intervention.

Time of day selected: \_\_\_\_\_

**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:

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**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:

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**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:

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**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:

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**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:

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**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:

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

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