**Pre-Referral Information**

**Required Before Consent is Signed**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_ Sex: \_\_\_\_\_\_

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check areas of concern:**

Reading

\_\_\_ Initial Sound Fluency \_\_\_Letter Naming Fluency

\_\_\_ Letter Sound Fluency \_\_\_ Phoneme Segmentation Fluency

\_\_\_Nonsense Word Fluency \_\_\_ Oral Reading Fluency

\_\_\_Comprehension \_\_\_Checking Skills

\_\_\_Vocabulary \_\_\_Word Reading

\_\_\_Rhyming Words \_\_\_ Beginning Sounds

\_\_\_ Consonant Sounds \_\_\_Oral Blending

\_\_\_Vowel Sounds \_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Written Expression

\_\_\_ Total Words Written \_\_\_ Punctuation

\_\_\_Grammar \_\_\_ Spelling Strategies in daily work

\_\_\_Write legibly \_\_\_ Write to convey message

\_\_\_Sentence Writing \_\_\_Paragraph writing

\_\_\_Elaboration \_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Math

\_\_\_Oral Counting \_\_\_Number Identification

\_\_\_ Quantity Discrimination \_\_\_Math Computation

\_\_\_ Number Sense \_\_\_Math Reasoning/Problem Solving

\_\_\_ Comprehension of Word Problems \_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Math Facts: Addition \_\_\_ Subtraction\_\_\_ Multiplication \_\_\_ Division\_\_\_

Behavior

\_\_\_Overactive /Impulsive \_\_\_ Motivation

\_\_\_ Compliance \_\_\_ Building Relationships

\_\_\_ Listening \_\_\_Organization

\_\_\_Maintaining Relationships \_\_\_ Rules/Expectations

Communication

\_\_\_ Listening Comprehension \_\_\_ Oral Expression

\_\_\_ Stuttering \_\_\_ Articulation

\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical/Health:

\_\_\_ Difficulty with fine motor skills \_\_\_ Difficulty with gross motor skills

\_\_\_ Clumsy \_\_\_ Gait concerns

\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**English Language Learner information**

Is this student an English Language Learner: \_\_\_\_\_ Y \_\_\_\_\_ N

Send copies of LPAC information along with this referral. This should include but isn’t’ limited to:

Language proficiency information (English and Native language)

TELPAS scores

Progress measure on STAAR if in a STAAR grade level.

Include on the following page, interventions to address this student’s language concerns. (Please be more specific than ESL classroom.)

**Documentation of Intervention**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area of Concern** | **Intervention** | **Duration** | **Results** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Attendance:**

This student has been absent \_\_\_\_\_\_\_\_\_\_ days out of \_\_\_\_\_\_\_\_\_\_\_\_ school days this year to date.

Compared to last year, this student has been absent \_\_ More \_\_\_ Less \_\_\_ About the same

**Present Levels of Academic Achievement**

ATTACH samples of the student’s work, results of STAAR benchmarks, most recent STAAR report and/or any other achievement or ability test data available. (Can attach a report card)

|  |  |
| --- | --- |
| Subject | Grade |
| Reading |  |
| Math |  |
| Social Studies |  |
| English/LA |  |
| Science |  |

I believe that this student isn’t making progress due to : \_\_\_ ability \_\_\_ motivation \_\_\_ behavior

\_\_\_other

Additional comments about student’s performance/ability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have the student’s parents been contacted about these difficulties?

Phone call\_\_\_ Note Home\_\_\_ Conference \_\_\_ Home Visit\_\_\_\_

Parent input: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Position

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date