Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:       DOB       Grade

Exceptional Student  Yes  No Category \_\_\_\_\_\_\_\_\_\_\_\_\_

PEP Plan  Math  Reading  Behavior

Current FBA/BIP  Yes  No

Referral Category: (Check all that apply and provide appropriate documentation)

Academic Performance (Attach Current Report Card)

Number of days absent this year (Attach Current Discipline Report)

Number of Out of School Suspension Days (Attach Current Discipline Report)

Number of In School Suspension Days (Attach Current Discipline Report)

Number of Removals for Disruptive Behaviors (Attach Current Discipline Report)

Number of Physical Aggressive Behaviors (Attach Current Discipline Report)

Out of Home Placement i.e., Foster Home, Group Home, At Risk/Residential Setting for Behaviors (Attach Documentation)

Removal to an Alternative Setting (Attach Documentation)

Documented Mental Health Diagnosis/Therapy Services (Attach Documentation)

Court Involvement i.e., Past or current charges/Court Counselor (Attach Documentation)

Disruptive Classroom/School Behavior

Skipping Class/School

Previous Grade Retention Grades Repeated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other

Please give a brief overview of your concerns about this student:

Please list all Pre-Referral Interventions you have used with this student and the results of such interventions including dates and duration: (Attach documentation)

Parent or Guardian Name(s)

Address

Contact Number(s) Home       Cell       Work

Name of referral source       Date