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| **SAT Elementary School Referral Form** |

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| **Student Name:**  | **Grade:**  | **Date of Referral:**  |
| **Teacher Name:**   | **Birthdate:**  |
| **Academic Concerns: *Check all areas of concern*** |
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|  | Ability to retain information |  | Reading comprehension |  | Fine motor skills |  | Phonics |
|  | Reading Fluency (slow) |  | Written language |  | Critical reasoning |  | Other: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Vocabulary/oral language |  | Articulation/Speech |  | Understand directions |  | Other: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Listening comprehension |  | Gross motor skills |  | Limited work production |  | None |

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| **Behavior/Social Adjustment Concerns: *Check all areas of concern*** |
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|  | Physically threatening/aggressive to peers |  | Interrupts or calls out in class |  | Anxious |
|  | Verbally threatening/aggressive to peers |  | Disorganized |  | Avoids responsibility |
|  | Physically threatening/aggressive to adults |  | Fidgety |  | Low energy |
|  | Verbally threatening/aggressive to adults |  | Easily distracted |  | Sad or depressed |
|  | Disruptive in class |  | Blames others |  | Sleeps in class |
|  | Disruptive during unstructured time |  | Tardy/Truant |  | Withdrawn |
|  | Frequent breaking of rules |  | Appears angry |  | Appears confused |
|  | Defiance/argumentative |  | Impulsive |  | Other: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Work refusal |  | Limited social skills |  | Other: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Destroys property |  | Hygiene |  | Other: \_\_\_\_\_\_\_\_\_\_\_ |
|  | Frequent physical complaints |  | Homework completion |  | None |

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| **Additional considerations** |
| Is the student an English Language Learner? | 🞏 Yes 🞏 No | If yes, Recent Language Score: \_\_\_\_\_\_\_\_\_ |
| Is the student new to the school district? | 🞏 Yes 🞏 No |   |
| If a new student, have previous school records been requested? | 🞏 Yes 🞏 No |  If yes, date: \_\_\_\_\_\_\_\_\_\_ |
| Has the student passed a vision screening in the last calendar year? | 🞏 Yes 🞏 No |  If yes, date: \_\_\_\_\_\_\_\_\_\_ If no, add comment: |
| Has the student passed a hearing screening in the last calendar year? | 🞏 Yes 🞏 No |  If yes, date: \_\_\_\_\_\_\_\_\_\_ If no, add comment: |
| Are there any reported medical issues (emergency contact/medical card)? | 🞏 Yes 🞏 No |  |
| Does the student receive school-based mental health support (e.g., BMS)? | 🞏 Yes 🞏 No |  |
| Does the student attend any after school or tutoring program? | 🞏 Yes 🞏 No |   |
| Does the student receive Title One support? | 🞏 Yes 🞏 No |   |
| Is attendance a concern? | 🞏 Yes 🞏 No |  |  |  |  |  |  |  |  |  |  |
| Is this a referral for possible consideration for Gifted/Talented? | 🞏 Yes 🞏 No |   |
| Has the student been retained? | 🞏 Yes 🞏 No |  |

**Additional information relevant to this referral:**

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| **Attendance (Add additional rows as needed)** |
| **Date** | **Code** Excused/Unexcused TardyExcused/Unexcused Absent | **Comments** |
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| **Grades (Add additional rows as needed)** |
| **School Year** | **Course** | **Semester 1 Grade** | **Semester 2 Grade** |  **Yearly Grade** |
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| **Discipline (Add additional rows as needed)** |
| **Date** | **Time** | **Location** | **Behavior** |
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| **Assessment Data (Add additional rows as needed)** |
| **Assessment Name** | **Fall** | **Winter** | **Spring** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
|  | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** | **Year:****Score:****Descriptor:** |
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***As part of the referral packet, attach any additional data that demonstrates a lack of student progress over time.***

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| **Previous Actions/Interventions** |
| **Describe the actions/interventions that have been implemented prior to referral to address the student's needs and the outcomes of actions/interventions.**  |

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| **Parent Contact(s)** | Date(s): |
| **Observation Requested** | Date:  |
| **Hearing/Vision Screening Requested** | Date: |
| **Submitted to SAT Coordinator** | Date:  |
| **SAT Coordinator Certified Referral** | Date: |