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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*** | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | 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 | | | | | | | | | | | | |
| **Behavior/Social Adjustment Concerns: *Check all areas of concern*** | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | 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in class |  | Blames others |  | Sleeps in class | |  | Disruptive during unstructured time |  | Tardy/Truant |  | Withdrawn | |  | Frequent breaking of rules |  | Appears angry |  | Appears confused | |  | Defiance/argumentative |  | Impulsive |  | Other: \_\_\_\_\_\_\_\_\_\_\_ | | 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 | | | | | | | | | | | | |
| **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 Tardy  Excused/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:** |
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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: |