

REFERRAL FOR CHILD STUDY TEAM

Date: _____

Staff referring student for a CST Evaluation: _____

Student: _____

Grade: _____

Does student have a 504 plan? Yes No

Has student been referred to I&RS? Yes No

If yes, how long has the student been part of the I&RS process?

Reason for Referral: _____

Please circle the area of concern and respond to the statements below:

Academics: LA/English Math Science SS/History

Behavior: School Home

Met with teacher: Daily Weekly Monthly Other: Frequency _____

Met with student: Daily Weekly Monthly Other: Frequency _____

Met with parent: Daily Weekly Monthly Other: Frequency _____

Called/Emailed parent: Daily Weekly Monthly Other: Frequency _____

Provided parents referral information: Which agency/agencies? _____

ADDITIONAL COMMENTS: _____

Academics

*Please provide the information requested in the appropriate spaces below.
Please attach a copy of the student's historical grades.*

Subject Area	Current Academic Performance Levels/Grades	Student Strengths	Student Areas for Improvement
LA/English Course:			
Mathematics Course:			
Science Course:			
SS/History Course:			

Please report all PARCC SCORES

GRADE__ ELA TEST _____ SCORE _____ MATH TEST _____ SCORE _____

GRADE__ ELA TEST _____ SCORE _____ MATH TEST _____ SCORE _____

GRADE__ ELA TEST _____ SCORE _____ MATH TEST _____ SCORE _____

GRADE__ ELA TEST _____ SCORE _____ MATH TEST _____ SCORE _____

GRADE__ ELA TEST _____ SCORE _____ MATH TEST _____ SCORE _____

Other Test Scores _____

Suspensions

Number of days suspended: _____

Number of 3-7s: _____

Attendance

Number of days absent: _____

Number of days tardy: _____

Behavior

Please place a check before each behavior or action listed below that you have observed or has been reported to you.

Please attach a copy of log entries.

BEHAVIOR CHECKLIST	Almost Never	Occasionally	Frequently
Hyperactive			
Out of seat			
Constant movement in desk			
Constant verbal behavior			
Withdrawn			
Listless, tired			
Seems generally unhappy			
Rarely asks for assistance even when work is too difficult			
Does not attempt work			
Avoids calling attention to self			
Poor Attention/Concentration			
Does not follow oral lessons			
Does not follow lessons on board or visual materials			
Rarely completes any assignments			
Daydreams			
Easily distracted from task by ordinary classroom stimuli (minor movement, noises)			
Aggressive			
Verbally attacks and provokes other children			
Steals			

BEHAVIOR CHECKLIST	Almost Never	Occasionally	Frequently
Argues with the teacher over behavior			
Disruptive			
Demands attention of any sort from teacher and peers			
Doesn't follow class or school rules (quiet, on time, etc)			
Interrupts lessons by antics (verbal or physical)			
Uncooperative			
Blames other for own mistakes			
Will not follow routine			
Argues with peers over minor situations			
Must have last word in arguments			
Manipulative			
Wants excessive visits to nurse			
Blames mistakes on anything but self (size of book, your directions, etc.)			
Constantly puts self down or criticizes own work			
Inappropriate Social Behavior			
Comments that no one likes him/her			
Has no friends at school			
Does not initiate talk with peers			
Personal appearance is lacking in cleanliness, order			
Does not function in group or class discussions			
Ridicules peers			