

Newbury Local Schools

Referral Form to Tier II

This form must be completed prior to the first IAT/RTI meeting.

Referring Teacher(s): _____

Non-referring Teacher(s): _____

Student Name: _____ DOB: _____ Grade: _____

Present classroom achievement:

Current grades earned: _____ Comments: _____

Grades previous quarters:

Effort (10=outstanding, 0=no effort): _____

OAA/OGT scores: _____

iReady scores: _____

Check the traits that you believe affect the student's school performance:

- | | |
|--|---|
| <input type="checkbox"/> disruptive in class | <input type="checkbox"/> slow work tempo |
| <input type="checkbox"/> poor attendance - #days missed: _____ | <input type="checkbox"/> inconsistent |
| <input type="checkbox"/> off-task behavior | <input type="checkbox"/> doesn't complete assignments |
| <input type="checkbox"/> poor retention | <input type="checkbox"/> disorganized |
| <input type="checkbox"/> poor study habits | <input type="checkbox"/> lack of participation |
| <input type="checkbox"/> learning abilities below grade level | <input type="checkbox"/> overly active |
| <input type="checkbox"/> reading skills below grade level | <input type="checkbox"/> poor peer relationship |
| <input type="checkbox"/> math skills below grade level | <input type="checkbox"/> writing skills below grade level |
| <input type="checkbox"/> low self-esteem | <input type="checkbox"/> listening comp. skills below grade level |
| <input type="checkbox"/> noncompliant | <input type="checkbox"/> oral expression skills below grade level |
| <input type="checkbox"/> distractible | <input type="checkbox"/> physical health issues |
| <input type="checkbox"/> poor vision/hearing | <input type="checkbox"/> history of retention |
| <input type="checkbox"/> attended multiple schools | <input type="checkbox"/> low test scores |

Describe the student's main difficulties in specific terms (skills/behaviors that can be observed and counted and are linked to content standards: i.e., has difficulty with applying reading comprehension strategies such as making predictions, recalling, and making inferences.)

1.

2.

3.

Does the student have a medical diagnosis?

Medications: _____

What other services does this student receive (i.e., outside counseling, OT, SLP):

Describe the student's strengths:

What instructional and/or behavioral strategies have you used to remediate the identified difficulties? Use a "-" if you have used the strategy and it hasn't been helpful. Use a "+" if you have used the strategy and it has been helpful.

Room arrangement

- | | |
|---|---|
| <input type="checkbox"/> seating near teacher | <input type="checkbox"/> seating near positive role model |
| <input type="checkbox"/> assigned seating | <input type="checkbox"/> avoiding distracting stimuli |
| <input type="checkbox"/> increase distance from peers | <input type="checkbox"/> other: |

Lesson presentation

- | | |
|---|--|
| <input type="checkbox"/> peer tutoring | <input type="checkbox"/> re-teaching |
| <input type="checkbox"/> pre-teaching | <input type="checkbox"/> allow taping of lessons |
| <input type="checkbox"/> break lessons into shorter parts | <input type="checkbox"/> provide written outline |
| <input type="checkbox"/> summarize lessons | <input type="checkbox"/> encourage participation |
| <input type="checkbox"/> tutoring by teacher, aide, etc. | <input type="checkbox"/> use manipulatives |
| <input type="checkbox"/> special academic instruction (e.g., a reading program) | |

Assignments

- | | |
|---|--|
| <input type="checkbox"/> give extra time | <input type="checkbox"/> shorten assignments |
| <input type="checkbox"/> lower difficulty level | <input type="checkbox"/> modify grading |
| <input type="checkbox"/> give extra cues/prompts | <input type="checkbox"/> increase individual instruction |
| <input type="checkbox"/> target student interests | <input type="checkbox"/> graphic organizers |

Testing

- | | |
|---|--|
| <input type="checkbox"/> extra time | <input type="checkbox"/> open book/notes |
| <input type="checkbox"/> read test to student | <input type="checkbox"/> oral testing |
| <input type="checkbox"/> frequent and shorter tests | <input type="checkbox"/> short answer or multiple-choice |

Organization and Follow Through

- peer assistance
- assignment notebook
- daily/weekly prog. reports
- visual daily routine
- have student repeat directions

- extra books at home
- visual daily routine
- reward system for work completed
- frequent short student conference

Behavior

- specific verbal praise
- training for appropriate behavior
- high consistency
- classroom beh. manag. system
- allow student to help
- natural consequences (e.g., low effort=loss of free time)
- parent contact
- frequent rewarding
- offer choices
- simple and clear rules
- relationship building (greeting, showing interest)
- individual behavior plan

Summarize recent interventions and outcomes (i.e., repeated reading implemented 3x/wk/15 mins=fluency 56wpm).
