

Date: _____

Child Study Team Referral Record

School District

CONFIDENTIAL

Student: _____ D.O.B.: _____ Requested by: _____

Notes from Prior School Attended

Reason for concern/referral

***Reason for recommending student to the Child Study Team
check all that apply:***

Academic Skills

- ☐ Basic reading
- ☐ Comprehension
- ☐ Math facts
- ☐ Math concepts
- ☐ Written language

Behavior

- ☐ Aggressive
- ☐ Disruptive
- ☐ Impulsive
- ☐ Noncompliant

**Performance/Work
Production**

- ☐ Attention
- ☐ Organization
- ☐ Study skills
- ☐ Time management
- ☐ Work completion

Other

- ☐ Articulation
- ☐ Expressive language
- ☐ Receptive language
- ☐ Fine motor

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- ☐ Off task
- ☐ Playground difficulties
- ☐ Relations with adults
- ☐ Relations with peers
- ☐ Social skills
- ☐ Other _____

- ☐ Gross motor
- ☐ Mental health
- ☐ Medical Issues
- ☐ Vision, hearing
- ☐ Other _____

Please specify one primary area of concern: _____

Dates of parent contact: _____

- ☐ Has the child had any recent emotional or physical trauma? _____
- ☐ List the student's strengths:

- ☐ What might motivate the student?

- ☐ What are areas of possible demotivation for the student?

Date: _____

INTERVENTIONS ATTEMPTED

Please indicate those that were most effective

| ACADEMIC | APPROXIMATE DATE IMPLEMENTED |
|---|---------------------------------|
| <input type="checkbox"/> Calculator for math | |
| <input type="checkbox"/> Computer for word processing | |
| <input type="checkbox"/> Extra credit options | |
| <input type="checkbox"/> Extra practice on lessons | |
| <input type="checkbox"/> Extra time for tests | |
| <input type="checkbox"/> Graphic organizers provided | |
| <input type="checkbox"/> Homework help | |
| <input type="checkbox"/> High interest materials | |
| <input type="checkbox"/> Manipulatives | |
| <input type="checkbox"/> One-on-one with an adult | |
| <input type="checkbox"/> Preferential seating | |
| <input type="checkbox"/> Peer tutoring | |
| <input type="checkbox"/> Retake tests | |
| <input type="checkbox"/> Reteach material | |
| <input type="checkbox"/> Shortened assignments | |
| <input type="checkbox"/> Simplified/repeated instructions | |
| <input type="checkbox"/> Varied instructional modes (multi-sensory learning styles) | |
| <input type="checkbox"/> Other | |

| BEHAVIORAL | APPROXIMATE DATE IMPLEMENTED |
|---|---------------------------------|
| <input type="checkbox"/> Consistent rule enforcement | |
| <input type="checkbox"/> Counseling | |
| <input type="checkbox"/> Frequent parent contact | |
| <input type="checkbox"/> Immediate consequences | |
| <input type="checkbox"/> Incentive program | |
| <input type="checkbox"/> Positive reinforcement | |
| <input type="checkbox"/> Posted and reviewed rules | |
| <input type="checkbox"/> Progress reports to parents | |
| <input type="checkbox"/> Recorded behavioral changes (documentation) | |
| <input type="checkbox"/> Written behavioral contract | |
| <input type="checkbox"/> Other | |

Please attach at least 2 pieces of documentation supporting your concern and include student work samples to back up your observations and this check list.

*Adapted from the Snohomish School District Child Study Team Referral Record.