

OHIO COUNTY SCHOOLS STUDENT SUPPORT TEAM REFERRAL SHEET

STUDENT: _____ GRADE: _____ DOB: _____

SCHOOL: _____ TEACHER: _____

PARENT/GUARDIAN: _____ PHONE: _____

ADDRESS: _____

REFERRED BY: _____

Current IEP: ___ Yes ___ No Disability _____

Truancy an issue: ___ Yes ___ No _____ # of days absent (unexcused) _____ # of days absent (excused)
_____ # of days tardy

Repeated Grade: ___ Yes ___ No which grade(s) _____

Discipline Record: _____ # of in school suspensions _____ # of out of school suspensions
Bus Referrals ___ Yes ___ No BIP ___ Yes ___ No
(Behavior Intervention Plan)

Screening Data:

Hearing
Date: _____
 Pass Fail

Vision
Date: _____
 Pass Fail

Communication
Date: _____
 Pass Fail

Summary of Standardized Group Test Data (Attach Copies CATS, CTBS, Observation Survey, PAS, etc.)

Test Name:	Date:	Grade:
Reading	Math	Language
%ile	%ile	%ile

Test Name:	Date:	Grade:
Reading	Math	Language
%ile	%ile	%ile

Document Attempts to Meet Needs Within the Regular Classroom– Indicate below the strategies/ interventions used over a reasonable period of time in response to the student’s problem(s).

- alternate reading assignments
- alternate math assignments
- increase positive reinforcement
- skill based small groups
- 1-1 with teacher/assistant
- break assignments into small steps
- instructional software
- modified homework assignments
- enlist parent support to review skills at home
- other _____

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INTERVENTIONS:

Programs/

Materials: _____

IMPLEMENTATION DATES of INTERVENTION: _____

Fidelity of Program(s): (Duration/Frequency/Intensity): _____

Student's Strengths: _____

Date(s) of Parental Involvement/Contact: _____

Teacher Signature

Principal Signature

Date