

Washington CST referral/ STUDENT PROFILEReceived _____
CST _____

Student Name: _____ Date: _____

Date of Birth: _____ Teacher: _____ Grade: _____

Areas of Concern:**Data collected by teacher:**

Grade	School	Absences	Learning problems?	Instruction provided in which language(s)
PRE				
K				
1 st				
2 nd				
3 rd				
4 th				
5 th				

Please provide data for relevant factors:

- Most recent Vision screening Passed? _____ Hearing screening Passed? _____
- Does the student need glasses? _____ Does s/he wear them consistently? _____
- Cumulative file review. Note historical trends in test scores (SBA, ELPA21, Ready Math, iReady, Wonders). Please copy report cards & other pertinent information.
- Review discipline history – Majors/Minors, suspensions?
- Has this student had a formal behavior plan, 504, Special Education evaluations or IEP?
- Include Intervention logs.
- Would a classroom observation be beneficial? Counselor, Psychologist, SLP, Behavior Interventionist (This may be done without parent permission.)
- Consult with Academic Intervention Specialists (SPED, ELL, IS, Speech)