WENATCHEE SCHOOL DISTRICT ELEMENTARY STUDENT STUDY TEAM INITIAL REFERRAL FORM

Name of School

Student Name:			DOB:			
Teacher:		Grade	_Referra	ral DateStudent's Primary Language		
Area(s) of Concern:	Academic_	Socia	al/Emot	tional Health/Hygiene Language		
DESCRIBE YOUR MAIN CONCERN:						
DRA SCORES	LEVELS	_ Growth	? Y N	N		
FallSp	Reading_	s Writing		Spelling Spelling		
FallSp Reading Writing Spelling Math Retention(s)? Y N Grade(s): SKILL ASSESSMENT: GRADE LEVEL (circle one)						
Reading	At			Comment:		
Math	At	Above	Below	Comment:		
Writing	At	Above	Below	Comment:		
Social	At	Above	Below	Comment:		
MYD Concerns? Y N Attendance/Tardiness Concerns Y N # Days absent this year Comments:						
INTERVENTION CHECKLIST (Please check all that apply) LAP/TITLE ESL/Bilingual SLP Services 504 Plan Homework Club Reading Recovery Tutoring PIP Counseling After School Health Referral Small Group Instruction Modified Curriculum Home visit Parent Meeting Lunch Buddy 1:1 Support Summer School Cum File Review (checklist on back) Retention(s)? Y N Grade(s): Other						
PREVIOUS REFERRALS? Student Study Team: Grade Special Education Testing: Was the student tested? When? Did they qualify? Special Education Services: Dev. Preschool Low Enrollment KG Resource Room Self Contained Classroom Parapro Support Behavioral Specialist OT/PT						
Additional comments:						
Student Strengths						
Who else should attend regarding this student?						

Academic File Review Outline

*	What is the student's academic history?				
	Chronic academic problems				
	o Problems have a clearly defined starting point marking a change in successfulness				
*	What are the trends in teacher comments?				
*	What interventions are noted in the file?				
*	What are the test score trends?				
*	How has attendance been?				
*	Additional Comments:				