

Le Grand Union Elementary School District
Student Success Team
STUDENT REFERRAL
(SST-2)

Student Name : _____ **DOB :** _____ **Grade :** _____

School : _____ **Teacher :** _____ **Date :** _____

Please make sure this form is filled out in its entirety.

Previous year's teacher/school: _____

Briefly describe the student's strengths. *Be specific:* _____

Briefly describe why the student is being referred to the Student Success Team. List areas of concern; *be specific:* _____

Is/are the parent(s) aware of the concern(s)? Yes _____ No _____

Briefly describe the parent/teacher attempts to resolve concerns: _____

Background Information

Parent(s) Name(s): _____

Number of siblings: _____ Language(s) spoken: _____

Health Data

Vision : Date of Test: _____ _____ Within Normal Limits _____ Not within Normal Limits

Hearing : Date of Test: _____ _____ Within Normal Limits _____ Not within Normal Limits

Significant Health Problems: _____

School History

Has the child been retained? _____ If yes, which grade? _____

How many schools has the child attended? _____

How long has the child been in attendance at the present school? _____

Date of Entry into District: _____ Days Absent (current year): _____

Tardies (current year): _____

Does the child receive any special services: _____ Yes _____ No If yes, please check:
_____ ELD _____ Speech _____ Resource _____ Counseling _____ Other _____

Academic Functioning

At approximately what performance level is pupil functioning (On grade-level, At grade-level, Below grade-level, Far Below grade -level)?

Math _____ ELA _____ AR _____

How does child function as a student?

On a specific task: _____

In asking for assistance: _____

Work completion: _____

Transition: _____

What are strengths and weakness of social skills? _____

Behavioral Concerns

Off task behavior: Frequency: _____ # of redirects _____ out of _____ minutes
Describe : _____

Defiant behavior: Frequency: _____ # of redirects _____ out of _____ minutes
Describe : _____

Assessments

CAASPP Scores (previous 3 years) :

ELA: Score _____	Level _____	Math: Score _____	Level _____
ELA: Score _____	Level _____	Math: Score _____	Level _____
ELA: Score _____	Level _____	Math: Score _____	Level _____

NWEA Benchmark Scores (three most recent scores) :

ELA: _____
Math: _____

ELPAC/CELDT Scores (previous 3 years) :

Overall _____	Listening _____	Speaking _____	Reading _____	Writing _____
Overall _____	Listening _____	Speaking _____	Reading _____	Writing _____
Overall _____	Listening _____	Speaking _____	Reading _____	Writing _____

Any other Assessments (DRA, ST Math, Acellus, AR/Renaissance, etc.):

Intervention Plans *(What have you tried already? What is in place? How often? etc.)*

Reviewed during PLC/Collaboration time on (date(s)) _____
with (names of Team Members) _____