

Frank R Loyd Elementary School Student Support Team Request Form

Student	Date of Birth	Grade	(Circle One) Male Female	Referral Date
Teacher	Parent/Sponsor	Date of Vision/Hearing Screening: _____ Vision: Pass___ Fail___ Hearing: Pass___ Fail___		
Reason for Referral: <input type="checkbox"/> Weak Academic Skills <input type="checkbox"/> Speech/Language <input type="checkbox"/> Behavioral <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Health/Medical <input type="checkbox"/> Inattention/Distractibility <input type="checkbox"/> Attendance <input type="checkbox"/> Other(Please Explain):		Social/Behavioral Concerns: <input type="checkbox"/> Inattention <input type="checkbox"/> Distractibility <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hyperactivity <input type="checkbox"/> Defiance <input type="checkbox"/> Poor Peer Relationships <input type="checkbox"/> Poor Teacher/Adult Relationships <input type="checkbox"/> Other(Please Explain):		
Student's Strengths: <input type="checkbox"/> Early Literacy Skills <input type="checkbox"/> Basic Reading <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Mathematics <input type="checkbox"/> Motivation <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Skills <input type="checkbox"/> Attention <input type="checkbox"/> Behavior <input type="checkbox"/> Other(Please Explain):		Student's Weaknesses: <input type="checkbox"/> Early Literacy Skills <input type="checkbox"/> Basic Reading <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Writing <input type="checkbox"/> Spelling <input type="checkbox"/> Mathematics <input type="checkbox"/> Motivation <input type="checkbox"/> Speech/Language <input type="checkbox"/> Social Skills <input type="checkbox"/> Attention <input type="checkbox"/> Behavior <input type="checkbox"/> Other(Please Explain):		
What questions would you like answered? What would you like to see changed or improved?				
Please indicate what personnel you have consulted with regarding this student:				
<input type="checkbox"/> Regular Ed Teachers	<input type="checkbox"/> School Nurse	<input type="checkbox"/> School Administrator	<input type="checkbox"/> Read 180 Teacher	
<input type="checkbox"/> Special Ed Teachers	<input type="checkbox"/> Speech Pathologist	<input type="checkbox"/> School Psychologist	<input type="checkbox"/> IS Math Teacher	
<input type="checkbox"/> School Counselor	<input type="checkbox"/> OT/PT	<input type="checkbox"/> Gifted Teacher	<input type="checkbox"/> Other	
How and when were the student's parent(s) and/or sponsor contacted about this referral?		Parent Contact Date: _____ Conference___ Letter___ Phone___ Email___		
What type of supportive services has this student received in the past?		None___ ESL___ Medical___ SST___ IEP___ Behavior Plan___ Speech___ Social Work___ Counseling___ OT/PT___		
Has the student been retained? Yes___ No___ If yes, what grade? _____				
Attendance History Days Absent___ Days Tardy___				
Terra Nova Scores Grade___ Language: _____ Math: _____ Reading: _____		Terra Nova Scores Grade___ Language: _____ Math: _____ Reading: _____		Other Assessment Grade___
BAS Level Date_____ Independent ___ Instructional ___ Difficult ___ Above Level On Level Below Level		BAS Level Date_____ Independent ___ Instructional ___ Difficult ___ Above Level On Level Below Level		Other Assessment Grade___
Lexile Level Date_____ SRI Score _____ (Circle One) Above Level On Level Below Level Far Below Level		Lexile Level Date_____ SRI Score _____ (Circle One) Above Level On Level Below Level Far Below Level		Other Assessment Grade___

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Classroom Function (Estimated Range) <i>Gather work samples that illustrate strengths and weaknesses</i>	Above Average	Average	Below Average	Well Below Average
Early Literacy Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonemic Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math Reasoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sentence Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spelling/Punctuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine Motor Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Following Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning New Concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorization/Remembering Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional comments or concerns:				
Interventions/Accommodations previously or currently used to help this student find success:				
1	Intervention: Date Started & Duration: Result(s)			
2	Intervention: Date Started & Duration: Result(s)			
3	Intervention: Date Started & Duration: Result(s)			
4	Intervention: Date Started & Duration: Result(s)			
5	Intervention: Date Started & Duration: Result(s)			