

WENATCHEE SCHOOL DISTRICT  
ELEMENTARY STUDENT STUDY TEAM  
INITIAL REFERRAL FORM

Name of School \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade \_\_\_\_\_ Referral Date \_\_\_\_\_ Student's Primary Language \_\_\_\_\_

Area(s) of Concern: Academic \_\_\_\_\_ Social/Emotional \_\_\_\_\_ Health/Hygiene \_\_\_\_\_ Language \_\_\_\_\_

**DESCRIBE YOUR MAIN CONCERN:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRA SCORES**      **LEVELS**      **Growth? Y N**  
Fall \_\_\_\_\_ Sp \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Spelling \_\_\_\_\_  
Math \_\_\_\_\_      **Retention(s)? Y N**      **Grade(s):** \_\_\_\_\_

**SKILL ASSESSMENT: GRADE LEVEL (circle one)**  
**Reading**                      At   Above   Below   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
  - 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: