

Carthage Primary School Referral and Student Assistant Team Form

INDIVIDUAL STUDENT PROBLEM SOLVING REQUEST

Student's Name: _____

DOB: _____

Teacher/ Grade: _____

Additional staff that work with the student:

Parent/ Guardian Name(s): _____

Address: _____

Phone: _____

Language Spoken at Home: _____ **ELL (circle one):** Yes / No

Check with Mrs. Jennie in the student's temporary file for hearing/vision:

Hearing Screening Date: _____ **Results (circle one):** Pass/ Fail

Vision Screening Date: _____ **Results (circle one):** Pass/ Fail

School Attendance if an issue: (please attach attendance report from PowerSchool)

Yes No

Has the Student repeated a grade: No Yes: _____

If yes, what grade and year?

REASON FOR REFERRAL:

Academic Behavior Social Emotional

(if applicable include a copy of results of items below)

Please explain in detail and attach work samples:

___**STATE AND/OR DISTRICT STANDARDIZED ASSESSMENT IAR Testing** (Mrs. Jennie has copies in the office in the student's file.)

___**FastBridge Screener** (Reading/Math) Fall, Winter, Spring (you can access it on FASTBridge.)

___**MAP Screener** (Reading/Math) Fall, Winter, Spring (you can access it on NWEA MAP.)

___**FastBridge Progress Monitoring** (Reading/Math) weekly PM (you can access on FASTBridge.)

___**GRADES** (attach most recent grades from PowerSchool)

___**EasyCBM** (You can request grade level reading and math CBMs from Building Principal)

___**SERVICES RECEIVED PAST/PRESENT:** (circle services they've received below)

- ☐ Really Great Reading
- ☐ Bridges (Math) Intervention
- ☐ Lexia Core5
- ☐ IXL
- ☐ Six-Minute Solution
- ☐ Speech
- ☐ Social Work Services (check one):
 - ☐ on-going services (meets weekly or bi-weekly).
 - ☐ as needed/crisis
- ☐ CICO
- ☐ Behavior Chart (developed by teacher)
- ☐ Functional Behavioral Assessment/Behavior Intervention Plan (developed by Psych/SW)
- ☐ Wilson Reading
- ☐ Foundations Reading
- ☐ Michael Heggarty
- ☐ Other Reading Intervention: _____.
- ☐ Other Math Intervention: _____.

☐ Other Behavioral Intervention:

_____.

If you checked academic or behavioral concerns please complete the following:

List intervention(s) provided in addition to the core. (list each intervention separately) An intervention is a specific skill-building strategy implemented and monitored to improve a targeted skill and achieve adequate progress in a specific area (academic or behavioral). This often involves changing instruction or providing additional instruction to a student in the area of learning or behavior difficulty.

Intervention 1:

- What was the intervention implemented? _____.
- The current intervention began on (date) ____/____/____ and continued through ____/____/____ for a minimum of 20 school days.
- How many minutes a day was the intervention? _____.
- How many days a week was the intervention? _____.
- Number of students in the intervention group including target students? _____.
- What was the student's baseline score? _____.
- Number of data points (a minimum of 3) considered during this intervention phase: _____.
- What was the goal? _____.
- What were the last 3 progress monitoring scores? 1.____ 2.____ 3.____.

Intervention 2 (if applicable):

- What was the intervention implemented? _____.
- The current intervention began on (date) ____/____/____ and continued through ____/____/____ for a minimum of 20 school days.
- How many minutes a day was the intervention? _____.
- How many days a week was the intervention? _____.
- Number of students in the intervention group including target students? _____.
- What was the student's baseline score? _____.
- Number of data points (a minimum of 3) considered during this intervention phase: _____.
- What was the goal? _____.

- What were the last 3 progress monitoring scores? 1._____ 2._____ 3._____.

Intervention 3 (if applicable):

- What was the intervention implemented? _____.
- The current intervention began on (date) ____/____/____ and continued through ____/____/____ for a minimum of 20 school days.
- How many minutes a day was the intervention? _____.
- How many days a week was the intervention? _____.
- Number of students in the intervention group including target students? _____.
- What was the student's baseline score? _____.
- Number of data points (a minimum of 3) considered during this intervention phase: _____.
- What was the goal? _____.
- What were the last 3 progress monitoring scores? 1._____ 2._____ 3._____.

1. Do you feel the intervention(s) are improving the student's skill?

2. As a result of this intervention implementation:

- a. the goal was met.
- b. discrepancy decreased.
- c. discrepancy stayed the same.
- d. discrepancy increased.

If you checked social emotional concerns please complete the following:

Presenting Issues of Concern:

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Friendship Issues	<input type="checkbox"/> Organization
<input type="checkbox"/> Attendance	<input type="checkbox"/> Grief	<input type="checkbox"/> Self-Esteem Concerns
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Social Interaction Concerns
<input type="checkbox"/> Bullying (Bully or Victim?)	<input type="checkbox"/> Health	<input type="checkbox"/> Withdrawn Demeanor
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Negative Attitude	<input type="checkbox"/> Other: _____

CONTACT WITH THE PARENT ABOUT YOUR CONCERNS:

YES Date: _____

NO

LIST ANY MEDICATION(S) THE CHILD IS CURRENTLY TAKING:

Teacher Signature/Date: _____

BELOW THIS POINT - SAT TEAM USE ONLY :

Principal Signature: _____

Date paperwork received: _____

Date Rtl Meeting Set: _____

- Easy CBM INFO:

_____ (number correct out of 16)

Check the box where the student's math CBM score falls:

<input type="checkbox"/> Below 10 th %ile
<input type="checkbox"/> Below 25 th %ile
<input type="checkbox"/> Below 50 th %ile
<input type="checkbox"/> Below 90 th %ile
