

# Fort Edward Union Free School District

## Pupil Services Team Referral Form

### Student Information

|                  |               |          |
|------------------|---------------|----------|
| Student Name:    | DOB:          | Date:    |
| Parent/Guardian: | Grade:        | Teacher: |
| Referred by:     | Relationship: |          |

### Reason for Referral

|                                  |                               |                                   |  |                                   |                                |
|----------------------------------|-------------------------------|-----------------------------------|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Math | <input type="checkbox"/> Behavior | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Physical | <input type="checkbox"/> Other |
| Explanation:                     |                               |                                   |  |                                   |                                |

### Support Services the Child Currently Receives

|   |                                   |                                   |                                       |                                 |                                   |
|---|-----------------------------------|-----------------------------------|---------------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Reading AIS            | <input type="checkbox"/> Math AIS | <input type="checkbox"/> Guidance | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Speech | <input type="checkbox"/> Language |
| Describe support ( <i>frequency/duration</i> ): |                                   |                                   |                                       |                                 |                                   |

### Describe, in detail, communication with parents:

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### Current Functioning

|  |   |  |   |
|--|---|--|---|
| <b>Reading Performance:</b>  | <input type="checkbox"/> at grade level | <input type="checkbox"/> below grade level | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of reading. Include child's functioning level in the areas of decoding, fluency and comprehension: |   |  |   |
| Current instructional level:   |   |  |   |
| Explain accommodations, modifications or interventions you have tried with the student:  |   |  |   |
| <b>Intervention</b>  | <b>Length of Time</b>                   | <b>Result</b>                              |   |
|  |   |  |   |
|  |   |  |   |
|  |   |  |   |

|   |   |  |   |
|---|---|--|---|
| <b>Writing Performance:</b>   | <input type="checkbox"/> at grade level | <input type="checkbox"/> below grade level | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of writing. Include child's functioning level in spelling, handwriting, at the sentence level and paragraph level of writing: |   |  |   |
| Current instructional level:  |   |  |   |
| Explain accommodations, modifications or interventions you have tried with the student:   |   |  |   |
| <b>Intervention</b>   | <b>Length of Time</b>                   | <b>Result</b>                              |   |
|   |   |  |   |
|   |   |  |   |
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|--|---|--|---|
| <b>Math Performance:</b>   | <input type="checkbox"/> at grade level | <input type="checkbox"/> below grade level | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of math. Include child's functioning level in operations and applied problems: |   |  |   |
| Current instructional level:   |   |  |   |
|  |   |  |   |

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|---|-----------------------|---------------|
| Explain accommodations, modifications or interventions you have tried with the student: |                       |               |
| <b>Intervention</b>   | <b>Length of Time</b> | <b>Result</b> |
|   |                       |               |
|   |                       |               |
|   |                       |               |

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| <b>Speech and Language Performance:</b>   | <input type="checkbox"/> at age level | <input type="checkbox"/> below age level | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of speech and language. Include child's functioning level in articulation, language, vocal intensity: |                                       |  |   |
|   |                                       |  |   |

|   |                       |               |
|---|-----------------------|---------------|
| Explain accommodations, modifications or interventions you have tried with the student: |                       |               |
| <b>Intervention</b>   | <b>Length of Time</b> | <b>Result</b> |
|   |                       |               |
|   |                       |               |
|   |                       |               |

|   |  |   |   |
|---|--|---|---|
| <b>Motor Skills:</b>  | <input type="checkbox"/> fine motor concerns | <input type="checkbox"/> gross motor concerns | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of motor skills. Include child's skills with regards to endurance, pencil grasp, handwriting, scissor skills, and reactions to sensory input: |  |   |   |
|   |  |   |   |

|   |                       |               |
|---|-----------------------|---------------|
| Explain accommodations, modifications or interventions you have tried with the student: |                       |               |
| <b>Intervention</b>   | <b>Length of Time</b> | <b>Result</b> |
|   |                       |               |
|   |                       |               |
|   |                       |               |

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|--|-----------------------|---------------|---|
| <b>Behavior:</b>   |                       |               | <input type="checkbox"/> no concerns in this area |
| Describe in detail concerns in the area of behavior. Include child's relationships with peers and adults, history of violence or destruction and disruptive behaviors: |                       |               |   |
| Explain accommodations, modifications or interventions you have tried with the student:  |                       |               |   |
| <b>Intervention</b>  | <b>Length of Time</b> | <b>Result</b> |   |
|  |                       |               |   |
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|   |   |  |   |
|---|---|--|---|
| <b>Other concerns:</b>  | <input type="checkbox"/> at grade level | <input type="checkbox"/> below grade level | <input type="checkbox"/> no concerns in this area |
| Describe in detail any other areas of concern:  |   |  |   |
| Explain accommodations, modifications or interventions you have tried with the student: |   |  |   |
| <b>Intervention</b>   | <b>Length of Time</b>                   | <b>Result</b>                              |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

| <b>Work Study Habits</b>                            |   |  |
|---|---|--|
| <input type="checkbox"/> poor performance on tests  | <input type="checkbox"/> gives up easily              | <input type="checkbox"/> difficulty starting tasks |
| <input type="checkbox"/> needs frequent repetitions | <input type="checkbox"/> finishes work on time        | <input type="checkbox"/> working impulsively       |
| <input type="checkbox"/> asks for help              | <input type="checkbox"/> turns in assignments on time | <input type="checkbox"/> uses class time wisely    |
| <input type="checkbox"/> pays attention             | <input type="checkbox"/> participates in class        | <input type="checkbox"/> disorganized              |
| <input type="checkbox"/> works quickly w/errors     | <input type="checkbox"/> works slowly                 | <input type="checkbox"/> other                     |

Explanation:

Personnel involved with student who should be invited to team meeting:

Name

Relationship to student

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