|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student:** | **ID #:** | **DOB:** | **Gr.:** | **Campus:** |

***Check all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Concerns:** | | **Concerns:** | |
| Reading | Writing/Grammar | Inconsistent Performance | Problems Following Directions (Written / Oral) |
| Spelling | Math | Poor Retention | Completing Work/Homework |

**Behavior Concerns: *Check all that apply.***

|  |  |  |
| --- | --- | --- |
| Lacks self-discipline/Disorganization | Lacks Social Skills | Does Not Work Independently |
| Lacks Preparation/Off Task | Disruptive to Others/Self | Overactive or Distractible |

**Speech Concerns: *Check all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| Language | Articulation | Stuttering | Other: |

**Educational History: *Check all that apply.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has this student been enrolled in §504? | Yes | No | If “Yes”, Disability: | |
| Has student received Speech Therapy? | Yes | No | If “Yes”, Service Provider: | |
| Has this student been referred to Special Education? | Yes | No | DNQ | Qualified: |

**Attendance and Discipline History:**

|  |  |  |  |
| --- | --- | --- | --- |
| Current Year:       Days Present | Days Absent | Number of Discipline Referrals (Current Year): | |
| List All Schools: | | Number of Suspensions:       ISS | OSS |
| Retention Years: | Grades: | Number of Tardies (Current Year): | |

**Language Dominance: *If “Yes” or “PD” Complete the following. If “No”, “M1 or M2”, Do Not Complete Section.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is this student identified Limited English Proficient?** | | | | **Yes** | | | **PD** | **No** | **M1** | **M2** |
| Entry Date: | | HLS Date: | | | | | | Language: | | |
| What is the student’s current category?  B | | I | A | | PD | | ESL | Number of Years in Bilingual/ESL Program: | | |
| Has the student attended school in another country? | | | | | | Yes | No | When did student move to the U.S.? | | |
| Name of Country: | Which Grades? | | | | | | | Did student attend on a regular basis?  Yes  No | | |

***Check all that apply.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Learning Style** | **Method(s) of Instruction**  **in Area of Difficulty** | **Tier 1 Accommodations** | **Effectiveness** |
| Auditory | Peer Tutoring | Preferential Seating | Choose an item. |
| Visual | Role Playing | Extra Time Completion of Work | Choose an item. |
| Tactile/Kinesthetic | Discussion/Lecture | One to One Instruction | Choose an item. |
|  | Modeling/Drill | Oral Testing | Choose an item. |
|  | Learning Centers | Repeated Instruction | Choose an item. |
|  | Other: | Re-teach/Re-test | Choose an item. |
|  |  | Small Group Instruction | Choose an item. |
|  |  | Other: | Choose an item. |

**Academic and Achievement History: Copies Must be Attached**

|  |  |  |
| --- | --- | --- |
| * Student Report Card (both sides) | * State Assessment STAAR/EOC/Telpas | * Special Programs Folder |
| * Permanent Report Card (both sides) | * Benchmark Scores/Mini Marks | * CPALLS and/or TPRI (Previous & Current Year) |

|  |  |
| --- | --- |
| Signature of Person Making Referral | Date |