Student Support Team Referral

Student Name:_____

DOB:_____

Grade:_____ Homeroom:_____

Parent/Guardian:_____ Ph:_____

Reason for referral:

_____
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Materials needed for review:

Copy of report card
Sample of student work
Copy of agenda book page
Parent Contact record
Cumulative folder
TPRI/TAKS Benchmarks
Stanford Testing

Procedure:

1. Pull Cumulative folder to see if child has been tested or has a history of failure
2. Contact parents and talk of any modifications child has received in the past
3. Fill out this form and submit to Amy, Lori, or Laurie (SST)
4. A meeting will be called, with the referring teacher and parent to review data and determine a need for further assessment.
5. Modifications will be made for the classroom.