Wellpinit Elementary School
Teacher Assistance Team
Referral Form

Student's Name: _____

Date of Birth: _____ Grade: _____ Teacher: _____ IEP: Y/N

Referring person: _____ Date: _____

Test Scores :

SBAC : Reading _____ Math_____

MAP (last 3 scores) : Reading _____( ) _____( ) _____ ( )
Math _____ ( ) _____ ( ) _____ ( ) ( ):Benchmark

WELPA:_____

Reason for Referral:
Please check the area(s) of concern:

Academics:	**Social:**	**Attendance:**	**Health:**	**Contributing Factors:**
[ ] Reading [ ] Writing [ ] Math [ ] Science [ ] Social Studies [ ] Study Skills	[ ] Aggression [ ] Inappropriate Language [ ] Noncompliance [ ] Withdrawn [ ] Disruptions [ ] Impulsive [ ] Self Management [ ] Social Skills [ ] Other :_____	[ ] Truancy [ ] Tardy Days of absence _____	[ ] Hygiene [ ] Vision [ ] Hearing [ ] Medical Problems [ ] Lack of Sleep [ ] Other:_____	[ ] Curriculum [ ] Trauma [ ] Personal Loss [ ] Anxiety [ ] Peers [ ] Family [ ] Other :_____

Check the strategies tried so far & circle those that were **effective** :

General Review:	**Modify Environment:**	**Modify Presentation :**	**Modify Curriculum/ Homework**	**Modify Expectations**
[ ]Review a portfolio / test scores [ ]Talk with parents [ ]Talk with previous teacher [ ]Other_____	[ ]Change seating arrangement [ ]Provide a quiet space [ ]Encourage work breaks [ ]Other_____	[ ]Pre-teach [ ]Give extra practice [ ]Give extra feedback [ ]Planned positive reinforcement [ ]Other_____	[ ]Change task size [ ]Change color [ ]Use visuals /manipulatives [ ]Other_____	[ ]Make it easier [ ]Give more time [ ]Tutor/mentor [ ]Provide computer [ ]Provide calculator [ ]Other_____

What are the student's strengths?

What do you recommend for this student to be successful?

* Please attach a copy of intervention plan, progress monitoring, and/or any relevant data, and work sample.