



**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:
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Study Skills	<input type="checkbox"/> Aggression <input type="checkbox"/> Inappropriate Language <input type="checkbox"/> Noncompliance <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disruptions <input type="checkbox"/> Impulsive <input type="checkbox"/> Self Management <input type="checkbox"/> Social Skills <input type="checkbox"/> Other : _____	<input type="checkbox"/> Truancy <input type="checkbox"/> Tardy Days of absence _____	<input type="checkbox"/> Hygiene <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Medical Problems <input type="checkbox"/> Lack of Sleep <input type="checkbox"/> Other: _____	<input type="checkbox"/> Curriculum <input type="checkbox"/> Trauma <input type="checkbox"/> Personal Loss <input type="checkbox"/> Anxiety <input type="checkbox"/> Peers <input type="checkbox"/> Family <input type="checkbox"/> Other : _____

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

General Review:	Modify Environment:	Modify Presentation :	Modify Curriculum/ Homework	Modify Expectations
<input type="checkbox"/> Review a portfolio / test scores <input type="checkbox"/> Talk with parents <input type="checkbox"/> Talk with previous teacher <input type="checkbox"/> Other _____	<input type="checkbox"/> Change seating arrangement <input type="checkbox"/> Provide a quiet space <input type="checkbox"/> Encourage work breaks <input type="checkbox"/> Other _____	<input type="checkbox"/> Pre-teach <input type="checkbox"/> Give extra practice <input type="checkbox"/> Give extra feedback <input type="checkbox"/> Planned positive reinforcement <input type="checkbox"/> Other _____	<input type="checkbox"/> Change task size <input type="checkbox"/> Change color <input type="checkbox"/> Use visuals /manipulatives <input type="checkbox"/> Other _____	<input type="checkbox"/> Make it easier <input type="checkbox"/> Give more time <input type="checkbox"/> Tutor/mentor <input type="checkbox"/> Provide computer <input type="checkbox"/> Provide calculator <input type="checkbox"/> 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.