

At-Risk Intervention Plan/ ITRT Referral

Student Demographic/School Information:		
Student Name:	Student ID:	DOB:
School/Grade:	Gender:	Age:
Name of Parent/Legal Guardian:	Relationship to student:	Phone Number: Email:
Name of Parent/Legal Guardian:	Relationship to student:	Phone Number: Email:

Address:

Yes	No	<i>At-a-Glance Review</i>	<i>Comments</i>
<input type="checkbox"/>	<input type="checkbox"/>	Compliance with AIP	
<input type="checkbox"/>	<input type="checkbox"/>	Academic Concerns/Failing	
<input type="checkbox"/>	<input type="checkbox"/>	Behavior/Discipline Referral	
<input type="checkbox"/>	<input type="checkbox"/>	School Support Activity	
<input type="checkbox"/>	<input type="checkbox"/>	Other:	

Attendance Data Review:	<i>AIP Date:</i> _____	<i>Referral Date:</i> _____
Total Absences (<i>excused and unexcused</i>)		
• Excused Absences		
• Unexcused Absences		
• Tardy Unexcused		
• Tardy Excused		
• Early Dismissals		
• Other: (<i>Suspensions, Homebound, Transportation, etc</i>)		

Additional Comments: (<i>provide updates since AIP, focus on reported concerns/potential barriers and progress</i>)
<ul style="list-style-type: none"> • • •

At-risk Coordinator completing referral and attending ITRT	Date Submitted