

HIGHLAND PINES SCHOOL
Student Referral Information Form

Student's Name: _____

Present Eligibility Classification: _____

Last IEPC Date: _____ Last MET Date: _____

STATUS

Has the student ever received Services to Tuscola's Exceptional Preschoolers (STEP/evaluation)? (Circle one)

If yes, when? _____ YES NO

Has the student ever received services at Highland Pines School? (Circle one) YES NO

If yes, when? _____

What is the student's present special education placement? What services is he/she receiving? _____

Is the student in general education classes? (Circle one) YES NO

If yes, in what classrooms? _____

What support services in general or special education does the student presently receive? _____

Briefly describe the student's conduct in the classroom or on the playground. Indicate both acceptable and unacceptable behavior and habit patterns: _____

Are the achievement scores 3 standard deviations or more below the norm? YES NO _____

Do you have parent permission/record release to refer? (Please circle one) YES, in Writing/Phone NO

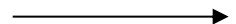
Are the student's parents aware of your concern? (Please circle one) YES, in Writing/Phone NO

Are they receptive to considering a change? (Please circle one) YES, in Writing/Phone NO

Comments: _____

Please indicate the problem/reason for referral: _____

Is there, or has there been a school social worker involved? _____



SCHOOL HISTORY

Student Academic Achievement

Please describe four research-based interventions/strategies your district has implemented to maintain this student in general or special education programs. How long were the interventions/strategies implemented? What was the results?

Interventions/Strategies	Time (How long days/wks)	Results - Data
1		
2		
3		
4		

Student Attendance (Circle one) GOOD FAIR POOR

Reading Level: _____

Please list any grades the student has repeated: _____

Math Level: _____

Student social adjustment/behavior (Circle one) GOOD FAIR POOR

Writing Level: _____

Subjects/Final Grades Received Last Year

Schools Attended Out of Your District

SUBJECT	GRADE	SCHOOL/DISTRICT ATTENDED	DATES

DATE	TEST ADMINISTERED	RESULTS

MEDICAL / AGENCY HISTORY

Please list any known illnesses/disabilities/medications: _____

What person(s)/agencies have been involved with the student and/or family? _____

Principal Signature

Date

Teacher Signature

Date