



Intervention Referral Form (completed by teacher team)

General Information

Student: _____ Grade: _____ Date of Birth: _____

Referring Teacher(s): _____ Referral Date: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian Contact Prior to Referral? ___ Phone Call ___ Note Home ___ Conference

Reason for Referral (Primary Concern):

_____ Academic _____ Behavioral _____ Emotional _____ Medical

Please describe the specific concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional or medical factors that negatively impact the student's performance.

How do this student's academic skills compare to those of an average student in your classroom?

*In what settings/situations does the problem occur **most** often?*

*In what settings/situations does the problem occur **least** often?*

What are the student's strengths, talents or special interests?

What have you tried to do to resolve this problem? (Attach the student's 3-5-3 plan.)

How did it work?

What would be the best day(s)/time(s) for someone to observe the student having the difficulties that you describe above? _____

- Attach the 3-5-3 plan and submit to grade level counselor