

Background Information/Referral Form

Please enter the following information from the student's cumulative file and other sources. Additional information can often be obtained from the student, the student's family/guardian, previous teachers, and/or supplemental school files.

Section I: General Information

Today's Date: _____

Name of Person Referring Student to GEI:

Student's Name: _____ Grade: _____ Birth date: _____

Section II: Enrollment, Attendance, and Special Services/Supports

Number of Schools Attended:

Attendance Record:

Ever Retained? Yes No

If yes, what grade?

Previous Referral(s) to GEI? Yes No

If yes,

Date: Result:

Date: Result:

Previous Psycho educational Evaluation(s)?

Yes No

If yes,

Date: Result:

Date: Result:

Currently Receiving Special Services and/or Supports?

Title I Yes No

Counseling Yes No

ESL Yes No

Speech/Lang Yes No

Others/Comments:

Section III: Health Information

Date: Results:

Vision Screening

Hearing Screening

Health Concerns:

Any Medications? Yes No

If yes, please list:

Section IV: Student's Attitude, Learning Style, Strengths and Challenges

Student's General Attitude Toward School:

Student's Preferred Learning Characteristics:

Student's Gifts/Talents/Strengths:

Areas of Challenge for Student:

Section V: Home/School Collaboration

Are parents/guardian aware that the student has been referred to GEI?

Yes No

What are their concerns?

In what ways are you aware that the family and/or extended family support learning?

Section VIII: Assessment Information

Standardized Test Scores

Instrument(s):

CSI/Group IQ:

Language Arts:

Math

Instructional Levels (if available)

Instrument(s):

Reading:

Math:

Current Grades

Subject

Grade

Section VI: Relationship with Peers

Please describe student's relationship with peers:

Section VII: Relationship with School Personnel

Who is the student most responsive to?

Least responsive to?

Attach samples of the student's best and most concerning work. Consider chapter and unit tests, writing samples, etc.

Section IX: Referring Person's Concerns

- What is your biggest concern for this student?
- Please baseline the concern with objective measures. (Examples: Student turned in 3 out of the last 12 homework assignments. Student is reading at 2.6 instructional level. Student hit or kicked other students 5 times in the last 30 days.)
- Are there particular places and/or times where the concern is *more* of an issue?
- Are there particular places and/or times where the concern is *less* of an issue?

Section X: Interventions Tried

What interventions have you already tried? (Please list organizational, motivational, instructional, behavioral, environmental, communication, and other support strategies.)

| Intervention | Implemented from When/Date to When/Date? | Degree of Success S = Successful SS = Somewhat Successful U = Unsuccessful | What did you learn about the student? |
|--------------|--|---|---------------------------------------|
| | | | |

Section XI: Referring Person's Desired Outcome for Student

What do you want the student to do that he/she is not doing now? What is your goal?

Section XII: Other Relevant Information

Received by RTI Coordinator on _____ [Date]

RTI Team Meeting scheduled for _____ [Date]