**Midway Star Academy**

**Student Referral, Background and Evaluation**

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| **Student’s Name:** | **Grade:** |
| **Classroom Teacher:** | **Age:** |
| **Referring Staff:** | **Date of Birth:** |
| **Date of Request:** |  |

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| *Parents/Guardian need to be notified that their child will be brought to the Student Support Team. If appropriate, parents may be invited to the meeting to be a part of the discussion. Check the box if parents were notified.*  *Date: \_\_\_\_\_\_\_\_\_ /// \_\_\_\_\_ By Phone \_\_\_\_\_By Written Note \_\_\_\_\_In Person \_\_\_\_\_ Email* |

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| ***Describe your primary Concerns (by specific i.e. student reading fluency behind peers)*** |  |
| ***Academic and Behavioral Strengths, Interests and Activities*** |  |
| ***Goal (desired outcome)*** |  |
| ***Baseline data (where is the student currently functioning in regard to desired outcome?)*** |  |

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| **Type of Data**  (e.g. test scores, ODRs, behavior count, etc.) | **Date Administered** | **Student Performance Data** | **Expected Performance Target** |
| Sample: ODRs | Sept 6-Nov 10 | 6 | <1 |
| Sample: MAP math | 5/13/2021 | RIT - 171 1st %ile | 50th percentile RIT: 225 |
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**File Review Information**

* Racial, cultural, national/ethnic, and linguistic background
* Attendance
* Academic and behavioral data
* Health history/diagnoses/medications
* Outside agency involvement (PCA, mental health, therapy, foster care, etc.)
* Special education evaluation history

**Information from last year’s teacher(s) :**

**Student Assisted Interview FBA**

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| ***When asked what s/he LIKED:*** |  |
| ***When asked what s/he Disliked:*** |  |
| ***When asked what was going well:*** |  |
| ***When asked what was Not Going Well:*** |  |
| ***When asked what subjects/class s/he liked most:*** |  |
| ***When asked what subjects/classes s/he liked least:*** |  |
| ***When asked about when s/he has the least problems:*** |  |
| ***When asked about when s/he has the most problems:*** |  |
| ***When asked what happens when s/he gets \_\_\_\_ in class:*** |  |
| ***Do you remember what you were thinking right before you got anxious?*** |  |

**Forced Choice Reinforcement Menu**

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|  | Adult Approval (Teacher recognizes accomplishments by verbal statements or written statements) |
|  | Competitive Approval (Being the first to complete a task, having work recognized on bulletin board) |
|  | Peer Approval (Being able to work with peers, Friends ask to work with you, Asked to be class leader) |
|  | Independent Rewards (Being free to do what you like, Being able to play outside) |
|  | Consumable Rewards (Bag of chips, gum, can of soda) |

Time on Task (Google Doc Form)

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| **Student** | **On-Task** | **Off Task, Motor**  **(e.g., moving about the classroom, fidgeting in seat)** | **Off Task, Verbal**  **(e.g., blurt out, off-topic conversations)** | **Off Task, Passive**  **(e.g., stare off, looking at chromebook)** |
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| **Peer** |  |  |  |  |

Other Pertinent Information

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| ***Attendance*** | See Report |
| ***Grades*** | See Report |
| ***Missing Assignments*** | See Report |
| **NWEA Map Scores** | See Report |
| **Learning Styles Inventory and Career Cruising:** | See Report |
| **SDQ and Vanderbilt:** | See Report |
| **Data Collection Questionnaire for teachers:** | See Report |
| **Teacher Care Meeting** | See Report |
| **504 Evaluation Report** | See Report |

Reason for Referral (Primary Concern)

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| **\_\_\_\_ Academic** | **\_\_\_\_ Behavior** | **\_\_\_\_\_ Emotional** | **\_\_\_\_ Medical** |

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| **What is the Primary Lagging Skills:** In other words, describe what you would like the student to be able to do that he/she is not presently doing. | | | |
| **Accommodations/Strategies that have been tried to Address the Concern**   * Communications with parents to find support (phone and emails) Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * What has been tried, who has tried it, and how has it worked? * Description (be specific, activities and skills targeted? | | | |
| **What** | **Who** | **Date** | **Outcome** |
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| **Follow- up Date(within 4-6 weeks):** |

**INTERVENTIONS**

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| **Intervention 1** |
| Description (be specific |
| Person(s) Responsible |
| Start Date: |
| How often was each session: |
| **Progress Monitoring for Intervention 1** |
| Methods/Measures |
| Person Responsible |
| What will be recorded |
| How Often |

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| **Summarize Results for Intervention 1 (attach data)** |
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| **Decision for Intervention 1 (check those that apply** | | | |
| * Met Goal | * Below Goal | * Continue Same Plan | * Additional Interventions needed |

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| **Intervention 2** |
| Description (be specific |
| Person(s) Responsible |
| Start Date: |
| How often was each session: |
| **Progress Monitoring for Intervention 2** |
| Methods/Measures |
| Person Responsible |
| What will be recorded |
| How Often |

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| **Summarize Results for Intervention 2 (attach data)** |
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| **Decision for Intervention 2 (check those that apply** | | | | |
| * Met Goal | * Below Goal | * Continue Same Plan | * Additional Interventions needed | * Refer for Evaluation |

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| Principal signature | Date |
|  |  |
| Teacher signature | Date |
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