DIRECTIONS: This is a template. Please go to FILE>Make a Copy before you begin to type on this document. If you do not make a copy, your additions will become part of the template for everyone to see.

Rockford Middle School-Center for Environmental Studies iTeam Referral Form

Student Name	Grade	Referral Date	Referring Staff/Point Person

Part 1 Student Information

Most Recent Assessment Results

MCAII- Reading	MCAIII-Math	NWEA- Reading	NWEA- LA	NWEA-Math

Additional Supports

☐ ELL ☐ Team taught Math	☐ Title I Reading ☐ Team taught Reading	☐ Math Boost ☐ Other:

REQUIRED STEP: Conversation with parent via phone or conference

Parent/Guardians

Contact with parent: ☐ by telephone ☐ in person/conference	Date(s)-	Comments-

REQUIRED STEP: Discussion/meeting with student

Initiating teacher(s)-

Details of the Conference

Student Strengths

Please check all that apply.

____Positive attitude	____Independent worker	____Athletic
____Hard worker	____Sense of humor	____Pride in appearance
____Trustworthy	____Cooperates	____Musical
____Works well in groups	____Responsible	____Artistic
____Respects of authority	____Transitions easily	____Other:
____Motivated	____Creative	____Other:
____Caring	____Handles conflict well	

Please submit via mailbox to your school counselor, Molly Wirth

Part 2 Comprehensive Summary of Concerns

Please check all that apply.

Academic Concerns		
____Grades declining	____Study skills	____Missing assignments
____Disorganized	____Writing skills	____Low retention
____Slow worker	____Reading skills	____Independent Work
____Gives up easily	____Math skills	____Other:
____Following directions	____Working with others	____Other:
Behavior Concerns		
____Verbally aggressive	____Following directions	____Steals/cheats/lies
____Physically aggressive	____Victim of bullying	____Avoided by peers
____Physically disruptive	____Destroys property	____Easily frustrated
____Verbally disruptive	____Easily distracted	____Absent/truant/tardy
____Argumentative/defiant	____Hostile when redirected	____Attention seeking
____Shy/withdrawn	____Bullying others	____Other:
Personal Concerns		
____Body odor	____Sickly	____Evidence of drug/alcohol use
____Poor hygiene	____Anxiety/nervous	____Other:
____Weight concerns	____Bloodshot eyes	
____Sleeps in class/tired	____Smells of smoke/alcohol	
Settings		
____Classroom	____Gym	____Home
____School grounds	____Hallways	____Other:
____Cafeteria	____School Event	

1. Check your greatest concern.

   _____ Attendance   _____ Classroom Disruption

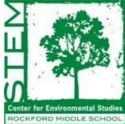
   _____ Off-Task   _____ Academic Instructional level

   _____ Work Completion   _____ Other:____________________________

2. Do you feel the cause of this concern is due to the fact the student **can't** (doesn't have the skill) do the task(s) or **won't** (has the skill, but doesn't perform) do the task(s)?

   _____ Can't do   _____ Won't do   _____ Unsure

3. How does the student's concerning behavior differ from your expectations?



Part 3 Documented Modifications/Accommodations

Initial modifications and accommodations implemented prior to i-Team referral.

Strategy	Details	Duration*/ Dates	Results	Class(es) Where Implemented
☐ Instructional Accommodations				
☐ Modified Curriculum				
☐ Modification of Materials				
☐ Alternative Grouping				
☐ Instructional Support				
☐ Extended Deadlines/Additional Work Time				
☐ Reading Support				
☐ Behavior Contract/Planner Checks				
☐ Acknowledge Positive Behavior				
☐ Seating/Setting Change				
☐ Time Out/Re-Focusing Experience				
☐ Problem Solving Conference				
☐ Parent Contact				
☐ Other				
☐ Other				

*4-6 Week Minimum

Please Attach/Include:

- ☐ A copy of the student’s schedule
- ☐ Available documentation from interventions