**REAMS iTeam Referral**

**updated 10/2/15**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Student Information***

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| --- | --- | --- | --- | --- |
| Student Name: | Date of Birth: | Age: | Referral Date: | Grade: |

***Contact Information***

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| --- |
| Person(s) making request: |

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| --- |
| Parent MUST be contacted and told you are referring their student to the iTeam PRIOR to the referral being submitted.Indicate of parent conversation: Briefly describe parent response: |

  ***Learning and/or Behavioral Concerns (Describe)***

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|  HINT: Look at your Problem Solving Plan document and describe the problem here |

 ***Where the Problem Occurs*** *(Check all that apply)*

|  |  |
| --- | --- |
| ❏ Classroom❏ Playground❏ Lunchroom❏ Another Classroom❏ Hallway❏ Bus | ❏ Phy. Ed❏ Home❏ Music❏ Media Center❏ Other |

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| --- | --- | --- |
| **Student receives or has received assistance in** (check):------------------------------------- | ❏ Title I Reading❏ ADSIS❏ Title I Math❏ Speech/Language❏ ELL - Language:\_\_\_\_\_\_\_\_\_\_\_\_\_❏ Summer School | ❏ Group with School Counselor❏ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 **Educational History: School Counselor to Complete**

|  |  |
| --- | --- |
| Schools Attended:   Attendance Record: # Days Absent Last Year:\_\_\_\_\_\_\_\_\_\_ # Days Absent Current Year:\_\_\_\_\_\_\_\_\_ Home School (Dates): | Retention (Check): ❏ Kindergarten❏ 1st❏ 2nd❏ 3rd❏ 4th  |

 **Test Scores (Attach Fast Scores to this document)**

|  |  |  |
| --- | --- | --- |
| 2nd Gr. Fall RIT Reading | 2nd Gr. Winter RIT Reading | 2nd Gr. Spring RIT Reading |
| 2nd Gr. Fall RIT Math | 2nd Gr. Winter RIT Math | 2nd Gr. Spring RIT Math |
| 3rd Gr. Fall RIT Reading | 3rd Gr. Winter RIT Reading | 3rd Gr. Spring RIT Reading |
| 3rd Gr. Fall RIT Math | 3rd Gr. Winter RIT Math | 3rd Gr. Spring RIT Math |
| 4th Gr. Fall RIT Reading | 4th Gr. Winter RIT Reading | 4th Gr. Spring RIT Reading |
| 4th Gr. Fall RIT Math | 4th Gr. Winter RIT Math | 4th Gr. Spring RIT Math |
|   |
| E=Exceeds Standards M=Meets Standards P=Partially Meets Standards D=Does Not Meet Standards |

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| **MEDICAL INFORMATION - Nurse or School Counselor to complete** |
|  Date: | Vision: R\_\_\_\_\_\_\_\_   L\_\_\_\_\_\_\_\_ | Glasses?❏ Yes❏ No | Medication History:  |
|  Date: | Hearing: R\_\_\_\_\_\_\_\_  L\_\_\_\_\_\_\_\_ | Hearing Aides?❏ Yes❏ No |
| List Pertinent Health Diagnosis/Information:  | List any Previous and/or Additional Medical Information (diet restrictions, health restrictions, hospitalizations): |

 **Student Strengths** (check all that apply)

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| ❏ Positive Attitude❏ Hard worker❏ Trustworthy❏ Works well in groups❏ Respectful of authority❏ Motivated❏ Focused/goal oriented | ❏ High Expectations for self❏ Works well independently❏ Good sense of humor❏ Cooperates❏ Responsible❏ Transitions easily❏ Creative | ❏ Handles conflict well❏ Athletic❏ Takes pride in appearance❏ Musically talented❏ Artistically inclined❏ Other |

**Academic Concerns** (check all that apply)

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| --- | --- | --- |
| ❏ Grades declining❏ Disorganized❏ Slow rate of work❏ Incomplete assignments❏ Gives up easily | ❏ Poor study skills❏ Low rate of retention❏ Poor Math skills❏ Poor Reading skills❏ Difficulty with writing process | ❏ Does not work well independently❏ Does not work well with others❏ Does not follow directions❏ Other |

**Behavioral/Emotional** (check all that apply)

|  |  |  |
| --- | --- | --- |
| ❏ Verbally disruptive❏ Physically disruptive❏ Physically aggressive❏ Verbally aggressive❏ Disrespectful to adults❏ Victim of bullying❏ Age appropriate friendships❏ Takes responsibility for actions | ❏ Bullies others❏ Destroys property❏ Easily distracted❏ Argumentative/defiant❏ Shy/withdrawn❏ Reacts appropriately to conflict❏ Can acknowledge other perspectives❏ Other | ❏ Attention-seeking behavior❏ Steals/cheats/lies❏ Avoided by peers❏ Easily frustrated❏ Truant/tardy❏ Impulsive❏ Act appropriately during unstructured times❏ Other |

**Personal Concerns (check all that apply)**

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| ❏ Body Odor❏ Poor hygiene❏ Is overweight/underweight❏ Sleeps in class/is lethargic❏ Is agitated/nervous | ❏ Difficulty moving/is uncoordinated❏ Smells of smoke or alcohol❏ Complains of nausea/vomiting❏ Bloodshot eyes❏ Wets/soils underwear | ❏ Burn marks❏ Evidence of self-injury❏ Appears sickly❏ Other |

**Documentation of Modifications and Accommodations**What strategies have been used to address the student concern prior to the iTeam Referral? **❏ Include the Problem Solving Document completed by your grade level team during your PLC Intervention Meeting**

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| --- | --- | --- | --- |
| Strategy | Details | Duration & Dates**MUST INCLUDE** | Results |
| Instructional Accommodations |  |  |  |
| Modified Curriculum |  |  |  |
| Modification of Materials |  |  |  |
| Alternative Grouping |  |  |  |
| Instructional Support |  |  |  |
| Extended Deadlines/Additional Work Time |  |  |  |
| Reading Support |  |  |  |
| Daily Behavior Chart |  |  |  |
| Contract (Behavior or academic) |  |  |  |
| Planner Checks |  |  |  |
| Acknowledge Positive Behavior |  |  |  |
| Seating/Setting Change |  |  |  |
| Time Out/Take a Break Card/Room-to-Room Time Out |  |  |  |
| Problem Solving Conference |  |  |  |
| Stop and Think Room Referrals |  |  |  |
| Referral to School Counselor or Mental Health Therapist |  |  |  |
| Other |  |  |  |
| Other |  |  |  |

\*4-6 week minimum is best practice

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| --- | --- | --- |
| **Primary Skills/Behaviors** | **Observed** | **Comments** |
|  **Family is involved in students education**1. Family attends school conferences.2. Family maintains informal contact.3. Family attends school events.4. Family utilizes community resources (outside counseling, comm. ed. classes).5. Family has respect for the law and community standards. **Academic Behaviors/Attendance**1. Attends school regularly2. Completes assignments regularly3. Is on time for classes4. Is motivated  **Reading Skills**1. Recognizes all letters: if not how many?2. Identifies letter sounds similar to peers.3. Knows as many sight words as peers (if not, report how many).4. Answers comprehension questions after reading a grade level passage independently.5. Answers comprehension questions after having a grade level passage read to them.6. Retells a story in the order the events occurred.7. Understands vocabulary in grade level reading passages | **Rarely/Never** ❏ ❏ ❏  ❏  ❏     ❏ ❏ ❏ ❏  **Rarely/Never** ❏ ❏  ❏  ❏  ❏ ❏  ❏    | **Sometimes** ❏ ❏ ❏  ❏  ❏     ❏ ❏ ❏ ❏  **Sometimes** ❏ ❏  ❏  ❏  ❏ ❏ ❏     | **Usually/Always** ❏ ❏ ❏  ❏  ❏      ❏  ❏ ❏ ❏  **Usually/Always**  ❏ ❏  ❏  ❏  ❏ ❏ ❏  |   |

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| **Math Skills**1. Recognizes numbers at a level similar to peers ( if not, how many?)2. Can count at a level similar to peers (if not, how high?)3. Calculates at grade level (if not, report level in each area applicable in the comments section)4. Can measure objects at a level similar to peers5. Can tell time at a level similar to peers6. Has problem-solving skills similar to peer  **Writing Skills***Demonstrates grade level writing skills in:*1. Letter formation2. Spelling3. Sentence writing4. Paragraph writing5. Other: **Cognitive Functioning**1. Learns new concepts as well as peers2. Learns new concepts at the same rate as peers3. Learns each subject area as well as peers    **Speech/Language Skills**1. Follows spoken directions, including multistep2. Understands the meanings of words3. Asks and answers questions4. Clearly expresses thoughts and ideas5. Uses good grammar when talking6. Expands answers and provides details when talking7. Looks at people when talking or listening8. Starts a conversation appropriately, stays on topic and takes turns9. Has a clear voice when speaking10. Speaks without cluttering or stuttering11. Uses clear articulation skills (if not, please note sounds that are difficult)  | **Rarely/Never**❏  ❏  ❏  ❏  ❏ ❏   ❏ ❏ ❏ ❏ ❏    ❏  ❏  ❏      ❏ ❏ ❏  ❏ ❏  ❏  ❏  ❏ ❏ ❏  ❏  | **Sometimes**❏  ❏  ❏  ❏  ❏ ❏    ❏ ❏ ❏ ❏ ❏   ❏  ❏  ❏      ❏ ❏ ❏  ❏ ❏  ❏  ❏  ❏ ❏ ❏  ❏  | **Usually/Always**❏  ❏  ❏  ❏  ❏ ❏     ❏ ❏ ❏ ❏ ❏   ❏  ❏  ❏      ❏ ❏ ❏  ❏ ❏  ❏  ❏  ❏ ❏ ❏  ❏  |   |

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|   **Motor Skills**1. Walks and runs without falling2. Walks in the hallways without touching others or the walls3. Can fully participate in phy. ed. activities4. Uses playground equipment like peers5. Copies from the board like peers6. Holds a pencil effectively7. Demonstrates age appropriate cutting skills8. Demonstrates age appropriate handwriting skills **Sensory**1. Distressed by having a messy face or hands2. Chews or sucks on clothing, hand or objects3. Avoids hot or cold items, water play or art supplies4. Taps, rubs, squeezes or bangs objects excessively5. Flaps hands, flicks fingers or spins objects in front of eyes frequently6. Rocks in chair, falls out of chair, or wraps legs around chair legs7. Seems fidgety, restless or “on the go”8. Seems lethargic or hard to “wake up”9. Distressed by loud noises10. Has difficulty filtering out noise and focusing on the teacher’s voice11. Hums, repeats, makes odd noises12. Crashes and falls on purpose13. Has difficulty grading force (breaks crayons, pencils, toys)14. Picky eating or very self-limited diet15. Mouths or licks objects and people | **Rarely/Never**  ❏ ❏  ❏ ❏ ❏ ❏ ❏ ❏   ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏  ❏ ❏ ❏  | **Sometimes**  ❏ ❏  ❏ ❏ ❏ ❏ ❏ ❏   ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏  ❏ ❏ ❏  | **Usually/Always**  ❏ ❏  ❏ ❏ ❏ ❏ ❏ ❏   ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏ ❏  ❏ ❏ ❏  |   |

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