

# REAMS iTeam Referral

updated 10/2/15

## Student Information

Student Name:	Date of Birth:	Age:	Referral Date:	Grade:
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## Contact Information

Person(s) making request:

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)

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

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

<input type="checkbox"/> Classroom	<input type="checkbox"/> Phy. Ed
<input type="checkbox"/> Playground	<input type="checkbox"/> Home
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Music
<input type="checkbox"/> Another Classroom	<input type="checkbox"/> Media Center
<input type="checkbox"/> Hallway	<input type="checkbox"/> Other
<input type="checkbox"/> Bus	

<b>Student receives or has received assistance in (check):</b> -----	<input type="checkbox"/> Title I Reading	<input type="checkbox"/> Group with School Counselor
	<input type="checkbox"/> ADSIS	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Title I Math	
	<input type="checkbox"/> Speech/Language	
	<input type="checkbox"/> ELL - Language: _____	
	<input type="checkbox"/> Summer School	

## Educational History: School Counselor to Complete

Schools Attended:	Retention (Check):
Attendance Record: # Days Absent Last Year: _____	<input type="checkbox"/> Kindergarten
# Days Absent Current Year: _____	<input type="checkbox"/> 1st
Home School (Dates):	<input type="checkbox"/> 2nd
	<input type="checkbox"/> 3rd
	<input type="checkbox"/> 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		

<b>MEDICAL INFORMATION - Nurse or School Counselor to complete</b>			
Date:	Vision: R_____	Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medication History:
	L_____		
Date:	Hearing: R_____	Hearing Aides? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	L_____		
List Pertinent Health Diagnosis/Information:	List any Previous and/or Additional Medical Information (diet restrictions, health restrictions, hospitalizations):		

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

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

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

<input type="checkbox"/> Grades declining	<input type="checkbox"/> Poor study skills	<input type="checkbox"/> Does not work well independently
<input type="checkbox"/> Disorganized	<input type="checkbox"/> Low rate of retention	<input type="checkbox"/> Does not work well with others
<input type="checkbox"/> Slow rate of work	<input type="checkbox"/> Poor Math skills	<input type="checkbox"/> Does not follow directions
<input type="checkbox"/> Incomplete assignments	<input type="checkbox"/> Poor Reading skills	<input type="checkbox"/> Other
<input type="checkbox"/> Gives up easily	<input type="checkbox"/> Difficulty with writing process	

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

<input type="checkbox"/> Verbally disruptive	<input type="checkbox"/> Bullies others	<input type="checkbox"/> Attention-seeking behavior
<input type="checkbox"/> Physically disruptive	<input type="checkbox"/> Destroys property	<input type="checkbox"/> Steals/cheats/lies
<input type="checkbox"/> Physically aggressive	<input type="checkbox"/> Easily distracted	<input type="checkbox"/> Avoided by peers
<input type="checkbox"/> Verbally aggressive	<input type="checkbox"/> Argumentative/defiant	<input type="checkbox"/> Easily frustrated

<input type="checkbox"/> Disrespectful to adults	<input type="checkbox"/> Shy/withdrawn	<input type="checkbox"/> Truant/tardy
<input type="checkbox"/> Victim of bullying	<input type="checkbox"/> Reacts appropriately to conflict	<input type="checkbox"/> Impulsive
<input type="checkbox"/> Age appropriate friendships	<input type="checkbox"/> Can acknowledge other perspectives	<input type="checkbox"/> Act appropriately during unstructured times
<input type="checkbox"/> Takes responsibility for actions	<input type="checkbox"/> Other	<input type="checkbox"/> Other

### Personal Concerns (check all that apply)

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

### 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**

Strategy	Details	Duration & Dates <b>MUST INCLUDE</b>	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			



3. Calculates at grade level (if not, report level in each area applicable in the comments section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Can measure objects at a level similar to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Can tell time at a level similar to peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has problem-solving skills similar to peer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Writing Skills</b>				
<i>Demonstrates grade level writing skills in:</i>				
1. Letter formation				
2. Spelling				
3. Sentence writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Paragraph writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Cognitive Functioning</b>				
1. Learns new concepts as well as peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Learns new concepts at the same rate as peers				
3. Learns each subject area as well as peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Speech/Language Skills</b>				
1. Follows spoken directions, including multistep				
2. Understands the meanings of words				
3. Asks and answers questions				
4. Clearly expresses thoughts and ideas				
5. Uses good grammar when talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Expands answers and provides details when talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Looks at people when talking or listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Starts a conversation appropriately, stays on topic and takes turns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Has a clear voice when speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Speaks without cluttering or stuttering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Uses clear articulation skills (if not, please note sounds that are difficult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Rarely/Never	Sometimes	Usually/Always	
<b>Motor Skills</b>				
1. Walks and runs without falling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Walks in the hallways without touching others or the walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

