



CHILD STUDY TEAM REFFERAL (PRIMARY)



Student Name: _____ **Date of referral:** _____

Homeroom: _____ **Grade:** _____

Primary Area of Concern: _____

Data (Baseline) to Support Concern: _____

What trends do you notice in the data? _____

Intervention(s) tried: _____

Location of Intervention: **Core Instruction** **RTII** **Guided Reading**

Frequency of intervention(s): _____

Have you:

- | | | |
|--|-----|----|
| - Discussed student concern in PLC / grade level meeting | Yes | No |
| - Contacted parent / conference with the parent(s) | Yes | No |
| - Consulted Reading Specialist (if ELA related concern) | Yes | No |
| - Consulted Behavior Specialist (if behavioral concern) | Yes | No |