

Teacher Assistance Team  
**Referral Checklist and Solution Process Record**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Section** - Nurse

- Health/Vision, or medical concerns documented?  Yes  No

- Hearing  Yes  No

Comments: \_\_\_\_\_

**Cumulative File Review** - Teacher

Please review the student's cumulative file to fill out the following attendance grid.

GRADE	SCHOOL	ABSENT (days)	TARDY (days)	RETAINED

Has this child been retained  Yes  No

**Academic** - Teacher

**Description of concerns:**

  
  
  
  
  

Please check appropriate boxes on the following page and feel free to use additional blank pages to complete your concerns.

Check area(s) of concern relevant to age/grade:

**Academic**

**Listening Comprehension**

- Trouble comprehending orally presented material  Difficulty following oral directions

**Oral Expression**

- Restricted Spoken vocabulary  Hard to express his/her thoughts & ideas  
 Stutters  Articulation errors noted

**Reading**

- Problems with letter/sound relationships  Often guesses at words  
 Structural analysis (syllables, root words) limited  Difficulty recalling material just read  
 Doesn't know vowel sounds  Restricted sight vocabulary  
 Doesn't grasp main idea in reading material  Problems sequencing events

**Math**

- Difficulty with number recognition  Problems with rote counting  
 Can't consistently count objects  Doesn't grasp place value  
 Behind in basic addition facts  Behind in basic subtraction facts  
 Behind in basic multiplication facts  Behind in basic division facts  
 Problems telling time  Limited understanding of money values  
 Understanding of fractions delayed  Understanding of decimals delayed  
 Struggles with word problems

**Written Language**

- Problems with copying letters  Struggles with spelling  
 Proper **punctuating** often missing  Difficulty completing written assignments  
 Difficulty writing complete sentences  Difficulty organizing ideas into paragraphs

**Memory**

- Problems remembering things seen  Problems remembering things heard  
 Difficulty remembering things over a period of time

**Visual Motor Coordination**

- Struggles with fine motor tasks  Struggles with paper/pencil tasks  
 Struggles with copying from the board or textbook

**Class Performance**

- Often not prepared for class  Homework often incomplete

**Miscellaneous**

- Frequent absences  Tardiness  
 Makeup work not attempted or completed  Has frequently moved from school to school

Assessment Results

- Reading Specialist / Teacher

Reading Level: MAPS, SRI, Dibels, Current Classroom Assessment, CRT, ITBS  
Ages and Stages, Dial (3 Data points for baseline is helpful)

Reading: \_\_\_\_\_

Math: \_\_\_\_\_

Written Language \_\_\_\_\_

Social, Emotional, Behavioral

- Classroom Teacher / Counselor (if needed)

Scores from Dial or other assessment results

**Description of Behavior that Concerns You the Most**

Where does the behavior occur? \_\_\_\_\_

With whom does the behavior occur? \_\_\_\_\_

When does the behavior occur: \_\_\_\_\_

How often does the behavior occur? \_\_\_\_\_

How long does the behavior last? \_\_\_\_\_

Other: \_\_\_\_\_

Please check the appropriate boxes on the following page and feel free to use additional paper if necessary.

Student's Name:

Student's Teacher:

**Behavior**

Check area(s) of concern relevant to age/grade:

**Inattentive**

- Daydreams
- Is Impulsive
- Doesn't remain on task
- Attention span is short
- Hyperactive
- Doesn't follow verbal directions

**Lacks Organizational Skills**

- Tends to be disorganized
- Forgetful, needs constant reminders
- Comes not prepared for class
- Does not work on class assignments in class
- Difficulty changing activities
- Homework incomplete
- Hurries through work
- Does assignments carelessly

**Inappropriate Interactions with Peers**

- Has no friends among classmates
- Disrespectful of other's property
- Wants to boss others
- Feels others pick on him
- Frequently refuses to share with others
- Tattles on classmates
- Withdrawn, shy
- Claims others do not like him
- Unable to work in small groups
- Provokes or agitates others

**Aggressive Towards others**

- Rejects classmates in hostile manner
- Gets angry when asked to do something
- Bullies other children
- Gets physically aggressive with teachers
- Is rebellious if disciplined
- Verbally aggressive to teachers and peers
- Hits or pushes others
- Shows little respect for authority

**Frequently Violates Classroom Rules**

- Doesn't follow school rules
- Lies to avoid punishment or responsibility
- Doesn't follow directions
- Shows off (likes clowning around, bragging, teasing)
- Moves around the room unnecessarily
- Doesn't wait appropriately for the teacher to arrive
- Writes or passes notes to others
- Takes objects that do not belong to him
- Copies from others
- Seeks attention excessively
- Frequent tardies
- Inappropriate seat behavior
- Does not raise his hand when appropriate
- Requires 1-to-1 or small group activities

**Inappropriate Emotional Behaviors**

- Becomes overexcited easily
- Displays a "don't care" attitude
- Becomes upset when things are not perfect
- Is pessimistic
- Whines or cries excessively
- Generally does not show feelings
- Worries too much
- Appears nervous
- Throws temper tantrums
- Doesn't smile, laugh or appear happy
- Explodes under stress
- Feelings are easily hurt

## Prior Classroom Interventions

### Academic

Date started\_\_\_\_\_ Date ended\_\_\_\_\_

Intervention:  Reading  Math  Social/Emotional  Other

Results:

Base line Data Points (3) \_\_\_ \_\_\_ \_\_\_

### Reading

Reading Teacher/Reading Coach/Intervention Reading Teacher/SFA Tutor

Date started\_\_\_\_\_ Date ended\_\_\_\_\_

Intervention Programs:  SFA Tutoring  Fast Track Phonics  Horizons  Corrective Reading

Horizons  Other\_\_\_\_\_

Base Line Data Points (3) \_\_\_ \_\_\_ \_\_\_

### Social, Emotional, Behavioral

Date started\_\_\_\_\_ Date ended\_\_\_\_\_

Intervention:  Reading  Math  social/emotional  other

Results:

Base Line Data Points (3) \_\_\_ \_\_\_ \_\_\_

Speech and Language

Date started \_\_\_\_\_ Date Ended \_\_\_\_\_  
 Intervention:  Expressive Language  Receptive Language  Speech Sounds  
 Other  
 Results:  
  
  
  
  
  
  
  
  
  
  
 Base Line Data points (3) \_\_\_\_\_

Parent / Guardian Involvement – Teacher

Parent / Guardian Names: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Please record any parental contact made or attempted regarding problem.

Date	Comments	By Whom:	Phone	Written	Personal

Referral Information – Before the Meeting – Teacher

Person(s) Requesting Assistance: \_\_\_\_\_ Postion: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Grade: \_\_\_\_\_ School/District: \_\_\_\_\_ Gender: M F

Team Members: \_\_\_\_\_

Team Members Requested (please circle): Principal, General Education Teacher, Reading, Resource, Speech and Language, Teacher Assistant, Social Worker, Psychologist, Alta Care, Counselor, and Reading Tutor/Intervention, Reading Specialist

**Forward to Speech Therapist**

Speech and Language

Description of concern or behavior

Language  Speech sounds  Other  Any previous testing?\_\_\_\_\_

**Return to Principal for final approval**

- Approval to proceed - Send form to Special Education Teacher.
- Approval denied - Principal will return form to referring teacher.

**Principal signature** \_\_\_\_\_

Outcome

- Pre-referral process was successful. Case closed
- Student needs to be referred to the Section 504 Coordinator
- Student needs to enter a more formal RTI process or be referred to Special Services for an evaluation in the following areas:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Team Members**

Position\_\_\_\_\_Signature\_\_\_\_\_

Position\_\_\_\_\_Signature\_\_\_\_\_

Position\_\_\_\_\_Signature\_\_\_\_\_

Position\_\_\_\_\_Signature\_\_\_\_\_

Position\_\_\_\_\_Signature\_\_\_\_\_

Position\_\_\_\_\_Signature\_\_\_\_\_

**Next Meeting Date:**\_\_\_\_\_

