

# I-Team Referral Form

The I-Team screens students referred for possible additional support services. Please fill out the form to the best of your ability as the information you provide is CRUCIAL to supporting this student's academic success.

**Student Name:**

**Staff Name (making referral):**

**Date:**

**Student Number:**

**Course Name:**

**Current grade in your class:**

1. **Reason for Referral (check all that apply):**  Academic concerns  Attendance  Behavior

2. Please fill out the below chart to the best of your ability:

Academic Information	Needs to Improve	At Level	Strength	Behavioral Information	Needs to Improve	At Level	Strength
<b>Learning Skills:</b>				<b>Motivation</b>			
<b>Reading</b>				<b>Absences</b>			
-Fluency				<b>Tardiness</b>			
-Comprehension				<b>Class participation</b>			
<b>Listening</b>				<b>Sense of responsibility</b>			
<b>Speaking</b>				<b>Self control</b>			
<b>Writing</b>				<b>Follows class/school rules</b>			
-Expresses well-thought-out ideas				<b>Complies w/ teacher request</b>			
<b>Math</b>				<b>Easily distracted</b>			
-Computation skills				<b>Distracts others/ instruction</b>			
-Understands concepts				<b>Behavior results in discipline referrals</b>			
-Problem solving				<b>Interpersonal Relationships:</b>			
<b>Study Habits:</b>				-With peers			
Timely assignment completion				-With teachers			
Processes information and formulates answers quickly				<b>Appears withdrawn/ depressed (circle one)</b>	Yes	No	
Follows directions							
Use of free time							
Works independently							
Works as a group							

3. Which of the below strategies have you implemented in your classroom with this student?

Strategies	Yes	No	Sometimes	Strategies	Yes	No	Sometimes
Extra time on homework				Check for understanding			
Extra time on exams				Positive Reinforcement			
Reduce homework				Pair with higher level peer			
Accept late work				Change seating			

4. Of the above strategies you have implemented, please circle the one(s) that has/have helped to improve the student's academic/behavioral performance? Please explain how/why they have worked.

5. What additional supports, in your professional opinion, do you believe would benefit this student (i.e. tutoring, use of planner, formal accommodations, SARB, etc..). Please explain.

6. Have you contacted a parent/guardian about any concerns you have? Yes  No

7. Have you contacted other staff members regarding the student's progress? Yes  No

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FOR I-TEAM USE ONLY:

Date Reviewed:

Reviewers:

Notes:

Action Plan created: Yes  No