TIER II REFERRAL

Student: _____ ***DOB:*** _____/_____/_____ ***School:*** _____
Last First MI

Grade: _____ ***ELL:*** ❒ Yes ❒ No ***Gender:*** ❒ Male ❒ Female ***Phone #:*** _____

Parent: _____ ***Address:*** _____

Reason for Referral: (describe educational difficulties in detail)

_____

_____

_____

CUMULATIVE RECORD REVIEW – Each area must be addressed –OR—indicate as not applicable (NA)

ATTENDANCE:	***TESTING INFORMATION:***	***SCREENING:***
Last Year Days Present: _____ Days Absent: _____ Total days missed since student began school: _____ List all schools attended: _____ _____ _____ Retentions: Yr(s): _____ Gr (s): _____ Previous enrollment in Special Education Programs/Section 504: _____	CMT/CAPT Date Taken: _____ Reading _____ Math _____ Writing _____ Science _____ PSAT/SAT Date Taken: _____ Reading _____ Writing _____ Math _____ Other:	Hearing Date: _____ Results: _____ Recheck Needed: _____ Vision Date: _____ Results: _____ Recheck Needed: _____ ***SPECIAL NEEDS:*** Medical: Social/Family:
DISCIPLINE RECORD:	***MOST RECENT ACADEMIC GRADES: (Letter grade)***	***SITUATIONAL TRAUMA:***
Number of discipline reports: _____ Number of suspensions: _____ In-School: _____ Out of School: _____ Total # of Days: _____	Language Arts: _____ Math: _____ Science: _____ Social Studies: _____ World Language: _____ Health/PE: _____ Electives: _____	Has the student experienced a recent trauma? ❒ Yes ❒ No If yes, explain: _____ _____ Is there any other situation that could create stress or emotional upsets? ❒ Yes ❒ No If yes, explain: _____ _____ Has there been a significant change in the student's classroom performance within a short period of time (2-3 months)? ❒ Yes ❒ No