

Referral Date: \_\_\_\_\_

\_\_\_\_ IAT \_\_\_\_ Ref for Eval.

**Eastern Elementary School  
STUDENT AT-RISK REFERRAL FORM**

Student Name: \_\_\_\_\_

**\*\* ATTACH DOCUMENTATION OF INTERVENTIONS sheet to this page**

***\*Parent/Guardian must be notified prior to referral.*** (Let family know – despite interventions student is not progressing as expected, therefore considering a referral for special education services). How and when was parent notified? (phone call, note, conference, home visit)

\_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_ Academic \_\_\_\_\_ Behavioral \_\_\_\_\_ Emotional

*Does the student have any fine motor, gross motor, or medical concerns? If yes, please explain.*

\_\_\_\_\_

*Has student's vision and hearing been screened? \_\_\_yes \_\_\_no*

*What are the student's strengths, talents or specific interests?*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*What would be the best-day(s)/time(s) for someone to observe the student having the difficulties described above?*

\_\_\_\_\_

Please provide any additional pertinent information, such as the student's most current report card, schedule, and attendance record.

Additionally, please staple to this referral data, graphs, etc. you have compiled.