**What is the purpose of this referral?**

Intervention/Strategy Brainstorming Tier 1 Intervention Review

\_\_\_\_\_\_\_Tier 2 Intervention Review \_\_\_\_\_\_\_Tier 3 Intervention Review

**Prior to the Meeting:**

|  |  |
| --- | --- |
|  | Parent notified by classroom teacher (attach copies of letter/email/or dates of conferences) |
|  | PEP completed and interventions implemented for a minimum of 4 weeks (attach copy of PEP) |
|  | Documentation of any strategies, accommodations, or modification previously used and data regarding their effectiveness (page 2 of the PEP) |
|  | Progress monitoring data and testing data has been gathered |
|  | Student work samples in the area of concern |
|  | At-Risk Factors Checklist (If language is the concern, include the LEP checklist and questionnaire |

**Student Information**

|  |  |  |
| --- | --- | --- |
| Student: | Grade: | |
| Date of Birth: | Classroom Teacher: | |
| Parent/Guardian: | Phone #: | |
| Student’s Strengths: | |
|  | |

**Reason for Referral**

Circle the Area: Academic Behavior/Attendance Social-Emotional

|  |
| --- |
| Describe the specific deficit you focused on: |
|  |

Describe the specific intervention implemented to address the area of concern:

|  |
| --- |
|  |
|  |

Was the intervention implemented with fidelity to the intervention design? Yes No

Did the intervention work? Yes No

*\*Data should be presented at the meeting.*

Date Received: Meeting Date: