



PVMS Student Support Team Referral Form

- **Teacher Referral** (Teachers only need to fill out Section 1)
- **Parent Referral** (directions for interviewing parent on reverse side)

Today's Date: _____

Student Name: _____

Age/DOB: _____ Grade: _____

Parent Name: _____

Best Contact Number: _____

Alt. Contact #/Method: _____

School Representative Completing Form: _____

Student's Primary Language: _____ Home Primary Language: _____

SECTION 1 – Areas of Concern TEACHERS NEED ONLY TO COMPLETE SECTION !

Mark all Areas of Concern Academic

- Written language
- Math
- Reading
- Pre-Academics
- Study Skills
- Other _____

Communication

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

Social/Emotional

- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____
- Defiance
- Anger
- Adult Relationships

Sensory /Motor

- Hearing
- Vision
- Motor Skills/Movement
- Self-Help/Adaptive
- Other _____

List previous or current support services (i.e. Pride, Paws, etc SPED, ELL, 504, counseling, etc.) _____

SECTION 2 – Student History

Has the student ever been retained? Yes No If yes, grade repeated _____

Parent describes student attendance as: Normal Concerning

Parent describes health as: Normal Concerning

Other concerns or notes from conversation with parent not noted above: _____

SECTION 3 – Parental Permission to Review Records

Check here if parent agrees via telephone

I give my permission for the student support team members to gather and review information regarding my student's academic history.

Parent/Guardian Signature _____

Date _____

Parent Concern Interview Procedure on Back

Parent Concern Interview Procedure Step one--go through data collection review form (on reverse side) and process in person or over the phone

- ✓ Complete basic info about student
- ✓ Section 1--Read the parent each statement and choices on form and mark all that apply
- ✓ Review history portion (section 2) of form
- ✓ Tell them data you and SST are going to collect
 - Team will gather 3 years data on:
 - Tests scores
 - Grades
 - Attendance
 - Vision/hearing screening (or order new screenings)
- ✓ Ask the parent to gather data from doctors/professionals as deemed necessary by answers to form questions
- ✓ Have the Parent sign form (or agree to allow over the phone) granting permission for SST to gather and review data and make intervention recommendations.
- ✓ Tell the parent data and forms will be given to SST who will gather and review data and make intervention determination/suggestions within four weeks.

- ✓ Previous service/Interventions/evaluations

*Note: Parent will need to provide health concerns/diagnosis documentation information and/or get signed HIPPA form if they want us to contact their physician or other medical professional to gather info.