

ROCKINGHAM COUNTY PUBLIC SCHOOLS
Referral to Student Study Committee or ASSIST

Student's Full Name _____ Date of Birth ____/____/____
School _____ Grade _____ Teacher's Name _____
Name of Referral Source _____ Relationship to Student _____ Date of Referral ____/____/____

I. Reason for Referral/Areas of Concern (Please check appropriate boxes)

- | <u>Reading</u> | <u>Math</u> | <u>Writing</u> | <u>Behavior</u> | <u>Developmental</u> |
|--|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Letter ID | <input type="checkbox"/> Reasoning | <input type="checkbox"/> Expression | <input type="checkbox"/> Compliance | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Phonemic Awareness | <input type="checkbox"/> Calculation | <input type="checkbox"/> Grammar | <input type="checkbox"/> Relationships | <input type="checkbox"/> Motor Skills |
| <input type="checkbox"/> Sight Word Vocabulary | | <input type="checkbox"/> Spelling | <input type="checkbox"/> Mood Disorder | <input type="checkbox"/> Adaptive |
| <input type="checkbox"/> Fluency | | | <input type="checkbox"/> Somatic Complaints | |
| <input type="checkbox"/> Comprehension | | | <input type="checkbox"/> Immaturity | |

What is the student's current instructional level in reading? _____

II. Review of Existing Educational Records

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student ever been retained? If yes, what grade? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have good attendance? If no, how many days absent? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a history of frequent school transfers? If yes, how many? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student received Title I or TLC services? If yes, briefly describe: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student previously been evaluated? If yes, by whom? _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have any significant health history or current concerns? If yes, explain briefly: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have frequent disciplinary referrals? _____ |

III. Student Performance Data/Current Instructional Levels

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Did the student meet the PALS benchmark? Please provide recent score: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have any F's on his/her report card? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the student failed any SOL tests? Please provide most recent scores: _____ |

Briefly describe the student's strengths: _____

Briefly describe the student's primary weaknesses: _____

IV. Problem Solving/Remedial Strategies Already Attempted

Briefly describe the intervention attempts/strategies used to-date for each problem area:

*These interventions should include additional opportunities for learning or a different approach to teaching a skill rather than simply modifications (i.e., preferential seating) of a student's environment.

What date was contact initially made with the parent to discuss the problem and what ideas were implemented from this meeting?

What consultation has already taken place with other resources (school guidance, instructional specialists, speech therapist, administrators) and what additional intervention strategies were tried?

V. Assessment Plan

What is the plan to establish baseline data? _____

Reconvene date: ____/____/____

VI. Consent

I provide consent for the implementation of "ASSIST" services. I understand that my child will be removed from the classroom for brief periods of direct instruction.

Parent Signature

*****Preparing for the Student Study/ASSIST Meeting*****

In addition to completing this referral form, please bring the following information/records with you to the meeting when this student will be discussed: