

**Monongalia County Schools  
Student Assistance Team Referral Form**

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Pre-referral checklist:</b> <input type="checkbox"/> Parent has been contacted about reason for SAT <input type="checkbox"/> Does the student have an IEP? If so, do not complete this form and contact special education designee <input type="checkbox"/> Student previously retained <input type="checkbox"/> Student is young or old for their grade placement
<b>School:</b>	<b>Teacher/Grade:</b>	
<b>Parent/Guardian Name:</b>	<b>Telephone:</b>	
<b>Address:</b>	<b>WVEIS #:</b>	

Please check all referral concerns that apply. Appropriate personnel must be invited to the SAT meetings.

<input type="checkbox"/> Attendance	<input type="checkbox"/> Developmental delay	<input type="checkbox"/> Health concern with no diagnosis
<input type="checkbox"/> Behavior	<input type="checkbox"/> Fine motor	<input type="checkbox"/> Health concern with current diagnosis and/or medical report
<input type="checkbox"/> Emotional	<input type="checkbox"/> Gross motor	<input type="checkbox"/> Possible retention candidate
<input type="checkbox"/> Gifted	<input type="checkbox"/> Language other than English spoken in the home	<input type="checkbox"/> Team referral from Multi-Tiered process
<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Parent referral
<input type="checkbox"/> Academic concerns	<input type="checkbox"/> Hearing	<input type="checkbox"/> Community agency/physician referral
<input type="checkbox"/> Suspected cognitive delay	<input type="checkbox"/> Suspension	<input type="checkbox"/> Social welfare concerns
<input type="checkbox"/> Social skills	<input type="checkbox"/> Alternative placement	<input type="checkbox"/> Other _____
<input type="checkbox"/> Possible 504 concerns	<input type="checkbox"/> Homebound request	<input type="checkbox"/> Student's Ethnicity: _____ (specify)
<input type="checkbox"/> Attention/hyperactivity	<input type="checkbox"/> Foster home placement (surrogate needed?)	

Describe/Elaborate on the Reason(s) for Referral, include Strengths and Weaknesses:

Referring Person's e-mail address is: \_\_\_\_\_ Parent/Guardian e-mail address: \_\_\_\_\_

<b>Complete all areas that apply to this student:</b> Absences (# days or periods) _____ Behavior (# office referrals) _____ Medical diagnosis (type) _____ Vision screening passed? ___ glasses? ___ Hearing screening passed? ___ aids? ___ Summative: Reading ___ Math ___ Grades: Reading ___ Math ___ Writing ___ Other subjects _____	<b>Bring applicable reports to SAT meeting:</b> LLI/ODMS Levels, iReady reports Scholastic Math/Reading reports Fast Forward, Read 180 reports Work samples (writing) Outside psych./med. evaluations Intervention documentation folder Diagnostic testing (CTOPP, GORT, KeyMath) iReady	Preschool screening data Academic evaluation results (KTEA) Anecdotal notes/behavior logs Language proficiency results Parent communications Court/DHHR reports Other _____
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Signature of referring person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date: \_\_\_\_\_