

SCOTT COUNTY SCHOOL
STUDENT CONCERNS – REFERRAL TO SCHOOL BASED TEAM

(to be completed by parent or any person noting concern)

Student Name: _____ Date: _____

School: _____ Grade: _____ Male Female

Person Noting Concern: _____

Describe Concern (academic, behavioral, emotional, social, bullying, etc.)

Outside Report Presented: (if any)

Date of Report:	By Whom:	Type of Report:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Concerns Noted by: Phone In Person E-Mail In Writing
 Other _____

Signature Date

Student Concerns Received by Date

NOTE: If academic concerns are noted, classroom teacher is to complete Intervention Strategies and bring to School Based Team meeting.

School Based Team meeting date: _____

SCHOOL BASED TEAM LETTER OF CONCERN

School _____

Date _____

Dear _____:

I have educational concerns pertaining to _____ and would like to discuss these concerns with you and the School Based Committee.

The School Based Committee will consist of a team of professionals including the principal or principal's designee, a regular education teacher, a special education teacher, other specialists as needed, and the parent or the student as appropriate. The chairman will be the principal or the principal's designee. This committee tries to pinpoint what may be causing difficulties in school and also attempts to identify specific strategies or activities that can be tried in the classroom and school to help your child perform more effectively. By working together the cause of concern may be identified, and often with some changes at school the situation improves.

The School Based Committee is scheduled to meet on _____ at _____ (date). You are encouraged to attend. _____ (time)

Sincerely,

Teacher

Principal/Designee

NOTE: Please make two copies and send original to parent(s) and place one copy in confidential folder.

INTERVENTION STRATEGIES/REFERRAL TO SCHOOL BASED TEAM

(To be completed by general education teacher prior to child study)

Student _____ DOB _____ School _____

Grade _____ Date _____ Teacher _____

Parents Name _____

Referring Source: Parent School Staff: _____ Other _____

Specific Reason(s) for Referral: _____

Check all alternatives used to remediate this problem:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____ Parent Conference</p> <p>_____ Reading Recovery</p> <p>_____ Behavioral Contracts</p> <p>_____ Team/Grade Level Conference(s)</p> <p>_____ Special Education (If yes, what program?)</p> <p>_____ Individual/Small Group Instruction</p> <p>_____ School Counselor</p> <p>_____ Other _____</p> | <p>_____ Title 1</p> <p>_____ Reading Specialist</p> <p>_____ Modified Assignments (If yes, how?)</p> <p>_____ Modified Testing Procedures (if yes, how?)</p> <p>_____ Provided Student with Additional Classroom Assistance, Study Guides, Copy of Notes, Vocabulary Lists (If yes, what?)</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Standardized Test Results

Name of Test	Grade	Date	<u>Reading</u> Comp. %tile	<u>Lang. Arts</u> Comp. %tile	<u>Arithmetic</u> Comp. %tile	<u>Social Studies</u> Comp.%tile	<u>Science</u> Comp %tile
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

	Current Grades	Previous Years Grades
Reading	_____	_____
English	_____	_____
Spelling	_____	_____
Math	_____	_____
Social Studies	_____	_____
Science	_____	_____

Grade(s) Retained: _____

Attendance: Days Present _____
Days Absent _____
Days Tardy _____

Other Information

___ Yes ___ No

Previous referral to Child Based Team: If yes, give date and recommendations:

___ Yes ___ No

Does child have any medical problems: If yes, explain:

___ Yes ___ No

Is child taking medication? If yes, what type?

___ Yes ___ No

Has this child had testing, counseling and/or psychiatric services?
If yes, explain:

___ Yes ___ No

(Attach reports. If not available, have they been requested?)

___ Yes ___ No

Has the parent or guardian of this student been contacted and informed of the reason for this referral? If no, please explain:

SCOTT COUNTY SCHOOLS
SCHOOL BASED TEAM DOCUMENTATION OF DATA

(May be a review without a meeting but must be completed within 10 days of sending letter of concern)

Name _____ Testing ID _____ Date of School Based Meeting _____

Date of Birth _____ School _____ Grade _____ Male Female

Parent's Name _____ Phone _____

Address _____

Reason for Concern: _____

Name of Person Noting Concern: _____

Review of existing data, including evaluations and information provided by parent, observations by teachers and current classroom based assessments. Check all that apply:

- | | |
|--------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Title I Assessment | <input type="checkbox"/> Behavioral Intervention (emotional) |
| <input type="checkbox"/> Reading Specialist Assessment | <input type="checkbox"/> Student Concern Form |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Intervention Strategies Form |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Prescreening Form (preschool/head start) |

Proposed action by the Committee. Check all that apply:

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Referred to school counselor | <input type="checkbox"/> Referred to behavior analyst |
| <input type="checkbox"/> Referred to reading specialist | <input type="checkbox"/> Contact physician/social worker/therapist |
| <input type="checkbox"/> Referred to Title I teacher | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Referred to response to intervention (RTI) | |
| <input type="checkbox"/> Educational screener | |
| <input type="checkbox"/> Suggestions for new interventions/modifications (Attach interventions to be tried.) | |
| <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Date for follow-up School Based Committee Meeting if needed _____ | |
| <input type="checkbox"/> Referred for Health Care Plan | |
| <input type="checkbox"/> Referred for 504 | |
| <input type="checkbox"/> Referred for formal special education assessment. Go to referral for a child suspected of having a disability. | |

Verification of Prior Written Notice.

I received prior notice of this meeting.

Signature of Parent/Guardian

Date

Person responsible for follow-through: _____

Signature of person noting concern: _____

Signature of person completing form: _____

**SCOTT COUNTY SCHOOL
SCHOOL BASED TEAM PRIOR WRITTEN NOTICE**

Student: _____ School: _____ Meeting Date: _____

Student ID: _____ D.O.B.: _____ Age: _____ Grade: _____

Describe the action that the school division proposes or refuses to take: _____

Explanation of why the school division is proposing or refusing to take action: _____

Description of each evaluation procedure, assessment, record or report the school division used in deciding to propose or refuse the action: _____

Description of any other choices that the team considered and the reasons why those choices were rejected: _____

Description of other reasons or other factors relevant as to why the school division proposed or refused the action: _____

Resources for the parent to contact for help in understanding the Individuals with Disabilities Education Act (IDEA) and the related federal and Virginia Regulations: _____

If this notice is not the initial referral for evaluation, explain how the parent was provided a copy of the procedural safeguards: _____
