FORMS USED IN THE
STUDENT INTERVENTION
TEAM PROCESS

Proper documentation is essential in the Student Intervention Team (SIT) process. Forms should provide adequate documentation of the team’s activities. Written summaries of the team’s actions should be kept for every meeting. The actions of the SIT should be so clear that new teachers/staff each year will have no difficulty determining what has been tried and found successful for the student in the past.
## St. Louis Public Schools

**STUDENT INTERVENTION TEAM PROCESS CHECKLIST**

The purpose of this checklist is to serve as a guide for effectively implementing the SIT process. It is to be maintained by the School Guidance Counselor.

<table>
<thead>
<tr>
<th>Name ___________________________________________</th>
<th>ID ___________________</th>
<th>DOB ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred by ____________________________________</td>
<td>Date ________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Teacher notifies parent, student, principal, and SIT Coordinator that there is a need to open a SIT case for an unresolved academic and/or behavioral problem</td>
</tr>
</tbody>
</table>
|      | SIT Coordinator provides teacher with the following SIT referral forms:  
|      | _____Request for Student Intervention Team Assistance Section A  
|      | _____Request for Student Intervention Team Assistance Section B– Teacher Input Form for Addressing Problem Behaviors |
|      | Classroom Teacher completes the request forms and return them to the SIT Coordinator |
|      | Student data and supporting evidence gathered |
|      | SIT Coordinator schedules the first SIT meeting and invites parent and additional SIT members based on the needs of the student |
|      | SIT Coordinator sends parent invitation/notification of meeting along with the *Student Intervention Team–Parent Input Form* |
|      | Parent to attend?  
|      | ☐ Yes  
|      | ☐ No  
|      | Accommodations needed and arranged? (e.g., language interpreter, sign language interpreter)  
|      | ☐ Yes  
|      | ☐ No  
|      | School Guidance Counselor assists or arranges assistance to student in completion of the *Student Intervention Team–Student Input Form* |
|      | Convene initial SIT meeting  
|      | Date ________________ Time ___________________  
|      | _____Send reminder notices to SIT members, including parent  
|      | _____Copy of strategies provided to all implementers  
|      | _____Complete SIT Plan.  
|      | _____SIT Meeting Summary completed  
|      | _____Implementation of intervention strategies being monitored |
|      | Convene SIT meeting #_____ Date ________________ Time ___________________  
|      | _____Send reminder notices to SIT members, including parent  
|      | _____SIT reviews documentation and evaluates success of intervention strategies  
|      | _____SIT decides on plan of action  
|      | _____Develop new modifications  
|      | _____Continue current modification, if successful  
|      | _____Cease modifications  
|      | _____SIT Meeting Summary completed  |
|      | Convene SIT meeting #_____ Date ________________ Time ___________________  
|      | Convene SIT meeting #_____ Date ________________ Time ___________________  
|      | Convene SIT meeting #_____ Date ________________ Time ___________________  
|      | Convene SIT meeting #_____ Date ________________ Time ___________________  
|      | Interventions successful. Student returned to general education without supports. SIT file closed.  
|      | Interventions successful. Student returned to general education without Tier I or II supports. SIT file returned to Collaborative Support Team Facilitator  
|      | Interventions unsuccessful. Student referred to Referral Review Team |
St. Louis Public Schools
STUDENT DATA PROFILE

Name__________________________________   ID______________________ DOB____________  Age_______
School__________________________________ Room/Grade_____________ Teacher_______________________
Parent(s) ________________________________________________________ Telephone______________________
Address_________________________________________________________ Zip Code_______________________

Date of Request________________

Person making the request___________________________________________ Role_______________________________

*For parental requests for SIT assistance, parent should complete the Student Intervention Team-Parent Input Form, pages 1 & 2.

*For student requests for SIT assistance, student should complete the Student Intervention Team-Student Input Form, pages 1 & 2.

Reason for Request - What are the concerns about the student’s performance?
* If the student exhibits social/behavioral concerns, also complete Student Data Profile-Section B.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

How and when was parent first notified of the student’s concerns?
___Phone call __________ (date)       ___Letter _________ (date)       ___Conference___________(date)

Note concerns expressed by the parent.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

SDP - Section A, p. 1 (09-2010)
I. ACADEMIC SKILLS - Identify any areas in which the student displays a significant strength (S) or concern (C). Gather work samples to illustrate the student’s concerns.

___READING
___sight word recognition
___phonics skills
___comprehension
___Other
___Estimated Grade Level

___MATH
___computation
___reasoning
___Other
___Estimated Grade Level

___WRITTEN LANGUAGE
___sentence structure
___vocabulary
___organization
___spelling and/or punctuation
___Other
___Estimated Grade Level

___ORAL LANGUAGE
___oral expression
___communicating with peers
___communicating with adults
___following verbal directions
___Other

___SPELLING
___Estimated Grade Level

II. STUDENT STRENGTHS – Check all that apply.

___Positive Attitude
___Handles conflict well
___Works well independently
___Trustworthy
___Takes pride in appearance
___Cooperates
___Respectful of Authority
___Artistically inclined
___Transitions easily
___Organized
___High expectations for self
___Hard Worker
___Athletic
___Good sense of humor
___Works well in groups
___Musically talented
___Responsible
___Motivated
___Possesses leadership qualities
___Other

III. Identify areas in which the student displays significant difficulties or functions significantly below the expected level.

LEARNING BEHAVIORS
___working in a group
___working independently
___distractibility
___impulsivity
___energy level too high
___energy level too low
___frustration tolerance
___organization

SOCIAL ADJUSTMENT
___develops appropriate friendships
___relates appropriately to teachers – adults
___emotional outbursts
___withdrawal
___chronic lying
___chronic cheating
___chronic absences
___stealing
___bullying
___difficulties at home
PROCESSING (motor/auditory/visual)
__ fine motor skills/eye-hand coordination
__ gross motor skills/general clumsiness
__ reversal/transportations (letters, words, numbers)
__ manuscript
__ cursive writing
__ copying from board
__ visual memory
__ right/left confusion
__ auditory memory
__ Other_________________________________

ADAPTIVE SKILLS (compared with same age peers)
__ delayed self-help skills
__ socially immature
__ immature language
__ Other_________________________________

COGNITIVE
__ Below average compared to peers
__ Average compared to peers
__ Above average compared to peers

IV. EDUCATIONAL HISTORY

Number of Schools Attended: __________

Grades Repeated: (Specify) ________________________________

Excessive Absenteeism:
Grade_____ Days Absent_____ Grade_____ Days Absent_____ Grade_____ Days Absent_____

Extenuating Reason(s) for excessive absenteeism [date(s) and specify (severe illness; hospitalization, etc.)]:
________________________________________________________________________________
________________________________________________________________________________

Number of Suspensions: ________

Is the student involved in English for Speakers of Other Languages (ESOL)?
__ NO  __ YES

Has instruction been inconsistent within a school year?
__ NO  __ YES, specify (e.g., series of substitute teachers) and give dates

Has the student had a change in the classroom assignment or a change in teachers this school year, last school year, etc.?
__ NO  __ YES, describe

Are academic deficiencies a result of lack of instruction in reading and/or mathematics?
__ NO  __ YES, explain

Additional relevant factors:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

SDP - Section A, p. 3 (09-2010)
V. What classroom intervention strategies have been employed to address the student’s academic concerns prior to the SIT request? Check all that apply.

<table>
<thead>
<tr>
<th>Intervention</th>
<th>How Long Tried? Enter begin and end dates.</th>
<th>Outcome of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Instructional accommodations- Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Modified curriculum/demands</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Materials modification –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Alternative materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Small-group instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Tutoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Assistive technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Daily guided reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ ESOL Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Assigned seating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Rearranged physical setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Problem-solving conference with Collaborative Support Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Parent Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other – Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other – Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Specific Tier 1 Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Specific Tier 2 Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Specific Tier 3 Support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. Student Data and Evidence

Documentation must be provided for each student concern. Following are examples of the types of evidence that may be used to support the SIT process. Gather your supporting evidence and check each type of evidence you will be bringing to the first meeting of the Student Intervention Team.

- Individual Academic Plan (IAP)
- Observations
- Attendance Records
- Class quizzes and tests
- Report Card
- Discipline Forms
- Student Work Samples
- Other pertinent SIS information
- Record of out-of-school (OSS) and in-school (ISS) suspensions
- Appropriate anecdotal records, outside reports (behavioral, medical, psychiatric)
- Any other pertinent information, specify

SDP - Section A, p. 4 (09-2010)
1. **Describe the behavior(s) of concern.** Use measurable terms.  
   Example: Rather than “Lisa picks fights”, describe the actions and frequency. “Lisa demonstrates aggressive behavior toward other students at least 2-3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling.”

2. **Where does the problem occur? Check all that apply.**
   - Classroom
   - School grounds
   - Cafeteria
   - Gym
   - Hallway
   - Bus
   - Home
   - Other

3. **When is the behavior most likely to occur?**
   a. On a particular day: ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday
   b. At a particular time(s) of the day, such as morning, afternoon? If so, when?
   c. During instructional activities, such as math or independent work? If so, when?
   d. When interacting with certain people – individuals or groups? If so, who?
   e. During non-instructional time such as changing classes, playground, lunch time? If so, when?
   f. When physically tired, hungry, or sick? If so, which?

4. **What do you think the student gains or avoids by demonstrating the behavior?**
   - Get attention? From whom?
   - Avoid attention? From whom?
   - Get control? Of what?
   - Avoid embarrassment? From what?
   - Avoid task? Which?
   - Other?

5. **How have you conveyed your expectations to the student?**

---

*SDP- Section B, p. 1 (09-2010)*
7. Describe the specific expectations you have for the student that are not being met.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

8. Do you think the student cannot (is unable to) or will not (is unwilling to) demonstrate the appropriate/desired behavior? Why?
___________________________________________________________________________________________

9. What techniques have you already tried to help the student meet behavioral expectations?

<table>
<thead>
<tr>
<th>Technique/Intervention</th>
<th>How Long Tried?</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ posted rules for the whole class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ denied desired items/activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ immediate feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ teacher-student contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ positive verbal reinforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ ignored the behavior</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ offered options/choices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ reward system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ detention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ notes/phone calls to parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ referral to the school counselor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ rearranged physical setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ problem-solving conference with Collaborative Support Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ referral to the office __ times in __ weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other – Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other – Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Other – Specify:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ specific Tier 1 Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ specific Tier 2 Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ specific Tier 3 Support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SDP - Section B, p. 2 (09-2010)
St. Louis Public Schools
STUDENT INTERVENTION TEAM– STUDENT INPUT FORM

This form should be used when more in depth student input is desired. Interviewer should modify the language in this input form to consider the age of the student.

Name__________________________________   ID______________________ DOB____________  Age_______
School__________________________________ Room/Grade_____________ Teacher_______________________
Interviewer’s Name/Role__________________________________________ Date __________________________

I.  **About Me**
What are your greatest strengths? In what areas do you do best? What are you most proud of doing?

☐ I have a positive attitude. ☐ I am motivated to do a good job. ☐ I am a good leader.
☐ I am a hard worker. ☐ I deal with conflict well. ☐ People can trust me.
☐ I am organized. ☐ I have a good sense of humor. ☐ I am attractive.
☐ I work well in groups. ☐ I work well by myself. ☐ I cooperate with others.
☐ I am good at music. ☐ I am good at art. ☐ I am respectful.
☐ I am responsible. ☐ I finish my work. ☐ I am creative.
☐ Other
☐ Other

---

Are you involved in any sports/clubs/activities at school or outside of school? If so, what?

---

II.  **My Concerns**

I have difficulty:
☐ Getting good grades ☐ Writing assignments ☐ Working by myself
☐ Finishing my work ☐ Reading ☐ Working with others
☐ Following directions ☐ Doing math ☐ Studying for tests
☐ Remembering things ☐ Other

Behaviors I need help to stop doing: Does not apply.
☐ Physically hurting people ☐ Destroying property ☐ Stealing/cheating/lying
☐ Saying mean things ☐ Being easily distracted ☐ Giving up easily
☐ Bullying others ☐ Annoying people ☐ Skipping school
☐ Getting mad easily ☐ Being shy ☐ Being late to school
☐ Other

If the concern is behavior, where do you need the help?
☐ Classroom ☐ School grounds ☐ Cafeteria ☐ Hallway ☐ Bus
☐ Home ☐ Other

*SIT Student Input, p.1 (09-2010)*
What class/subject is giving you the most difficulty? What makes it difficult?
__________________________________________________________________________________________
__________________________________________________________________________________________

If we picked one thing to focus on, what would you like for us to work on that would help you improve at school?
__________________________________________________________________________________________
__________________________________________________________________________________________

III. How to Help Me

When you think about what area you need help improving, think about what helps you learn best:

• Are there certain materials/papers/assignments that make learning more or less difficult? What is your favorite kind of assignment? What is your least favorite kind of assignment?
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

• Are there things about the classroom or where you study at home that make learning more or less difficult?
__________________________________________________________________________________________
St. Louis Public Schools
STUDENT INTERVENTION TEAM– PARENT INPUT FORM

This form should be used when more in depth parental input is desired.

Student Name__________________________________   ID______________________ Date of Birth_____________
School__________________________________ Room/Grade_____________ Teacher________________________
Parent(s) ________________________________________________________ Telephone______________________
Address_________________________________________________________ Zip Code_______________________
Accommodations Required? ___YES, _____________________________________________
(e.g., interpreter, accessible access, etc.)
___ NO

Relevant Health Information – Provide Health Data Forms to the School Nurse.
Identify any physical/health concerns that you feel may be interfering with your child’s academic/school success.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What would you like your child to be able to do? Describe.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

What has been tried to help your child? Describe.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Where does the problem occur? Check all that apply.
☐ Classroom    ☐ School grounds    ☐ Cafeteria    ☐ Hallway    ☐ Bus
☐ Home        ☐ Other ______________________
St. Louis Public Schools
STUDENT INTERVENTION TEAM– PARENT INPUT FORM

Student Name__________________________________   ID______________________ Date of Birth_____________

Child’s Strengths - Check all that apply.
☐ Positive Attitude  ☐ Finishes what he/she starts  ☐ Handles conflict well
☐ Hard Worker  ☐ Organized  ☐ Athletic
☐ Trustworthy  ☐ Good sense of humor  ☐ Takes pride in appearance
☐ Works well in groups  ☐ Cooperates  ☐ Musically talented
☐ Works well by himself/herself  ☐ Responsible  ☐ Artistically inclined
☐ Respectful  ☐ Creative  ☐ Motivated
☐ Possesses leadership qualities  ☐ Other________________________

Concerns About How My Child is Learning - Check all that apply.
☐ Poor grades  ☐ Does not work well by himself/herself  ☐ Poor writing skills
☐ Disorganized  ☐ Does not work well with others  ☐ Poor reading skills
☐ Does not finish work  ☐ Gives up easily  ☐ Poor math skills
☐ Does not follow directions  ☐ Does not remember things  ☐ Poor study skills
☐ Other________________________________________

Concerns About How My Child Behaves - Check all that apply.
☐ Physically hurts people  ☐ Says mean things  ☐ Is sexually inappropriate
☐ Is bullied  ☐ Shy/withdrawn  ☐ Gives up easily
☐ Bullies others  ☐ Gets mad easily  ☐ Is late and/or skips school
☐ Destroys property  ☐ Annoys people  ☐ Is easily distracted
☐ Steals/cheats/lies  ☐ Avoided by peers  ☐ Argues
☐ Other________________________________________

Additional information that you feel would help the school assist your child
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

SIT Parent Input, p. 2 (09-2010)
Dear Parent(s):

☐ (Check if this is the initial SIT meeting.)
We are requesting assistance from our Student Intervention Team on behalf of your child. This is a regular education process whose function is to provide insight and specific suggestions to help the classroom teacher and school staff work with your child most effectively. We made this request because

__________________________________________________________________________________________________

__________________________________________________________________________________________________

☐ (Check if this is a subsequent SIT meeting.)
As you know, your child is being served through the Student Intervention Team process. This team meets periodically to assess progress of the intervention plan and make new decisions based on plan outcomes.

Enclosed you will find a School Intervention Team – Parent Input Form which is designed to give us more information about your child. We are interested in any information which you feel could help us better understand your child. Please complete the forms and return it to me as soon as possible. All information will be regarded as confidential, and is accessible only to those who have a legitimate need to know it.

A meeting has been set for __________________________ (date) at ______________ (time).
We will meet at _____________________________ School, in room______________________.

Through the collective efforts of the Student Intervention Team, which consists of teachers, administrators, and others we hope to develop successful methods of helping your child have a more productive school year. Parental input is considered very important and your attendance is appreciated and invited. We appreciate your support of our efforts. If you have any questions, please contact me.

Sincerely, ______________________________________ (Name/Title)  __________________ (phone number).

(Complete and return the section to the school.)

Student______________________________________ Date of Birth ______________ School______________

_____ Yes, I will attend the SIT meeting for my child on ____________________________.

_____ No, I cannot attend the SIT meeting. Please contact me with the results.

__________________________________________ Parent/Guardian Signature           Date_________________

SIT Meeting Notice-Parent (09-2010)
**St. Louis Public Schools**  
**STUDENT INTERVENTION TEAM PLAN**  
**General Education Intervention Implementation and Progress Monitoring**  
(Use as many pages as necessary)

<table>
<thead>
<tr>
<th>Concern #_____</th>
<th>Be specific and provide as much detail as possible.</th>
</tr>
</thead>
</table>

**Desired Outcome**

<table>
<thead>
<tr>
<th>Responsible Person for this Intervention</th>
<th>Length of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From _________</td>
</tr>
<tr>
<td></td>
<td>To _________</td>
</tr>
</tbody>
</table>

What, if any, special instructional or behavioral materials/resources or training is needed for this intervention?

**How will the success of the intervention be measured? Progress Monitoring Plan**

<table>
<thead>
<tr>
<th>On what date(s) will the Progress Monitor (if not the teacher) check in with the teacher about the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date___________ Date___________ Date___________ Date___________</td>
</tr>
</tbody>
</table>

**Observed Improvement**  
___Yes ___No  
*Describe and attach graphs or other documentation.*

**Outcome Option for this Intervention** - Check one.  
_____1 - Strategies were successful. Exit SIT interventions. Student remains in general education without the need for further intervention or with _____Tier I or Tier II interventions.  
_____2 - Progress is noted. Continue present intervention/services with no changes until next meeting date ________________  
_____3 - Interventions minimally/not successful. Continue SIT and develop a new plan at next meeting date ________________  
_____4 - Interventions exhausted. Refer to Referral Review Team to determine eligibility for special education. Disability suspected.

*SIT-Plan (09-2010)*
Name_____________________________ ID_______________DOB_____________ School_____________

Date of Meeting_______________________ Start Time: _________________ End Time: ________________

Meeting Location:__________________________________________________

Meeting Status:   This is on-going SIT meeting #_____.       _____This is the final SIT meeting.

Team Members Present       Role
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Meeting Facilitator   /Meeting Facilitator
Time-Keeper   /Time-Keeper
Recorder   /Recorder
Progress Monitor   /Progress Monitor
Support Team   /Support Team

Designated Consultant

Purpose of the Meeting
________________________________________________________________________
________________________________________________________________________

Information Reviewed
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Goal Statement for the Student
________________________________________________________________________

SIT-Summary, p. 1 (09-2010)
Name_____________________________ ID_____________ DOB___________ School_____________

Concerns Identified/Discussion Summary

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Recommendations

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Designated person to share meeting information with the parent, if not in attendance._________________________
A summary of the meeting should be sent to the parent.

Outcome of Meeting

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Phase IV - STOP
If the student has not achieved success through SIT interventions, exhaust all interventions. Refer to Referral Review Team to determine eligibility for special education. Disability is suspected.
St. Louis Public Schools
REFERRAL REVIEW
Completed by the Referral Review Team

Student Intervention Team sends complete file to the Referral Review Team for Consideration of a Special Education Evaluation:

___Yes      ___No             Date____________

Referral Review Team Decision:

___Accepted       Date____________

___Returned to the Student Intervention Team       Date____________

Reason:______________________________________________________________________________________________________

______________________________________________________________________________________________________

_________________________________________       ________________________________________
School Guidance Counselor                     School Psychologist/Psychological Examiner or Principal
Speech-Language Pathologist/Diagnostician
St. Louis Public Schools
REFERRAL FOR INITIAL EVALUATION
Course of Action Selected by the District
Completed by the Referral Review Team

Reason for Referral
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Description of Concerns
_____________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

___ Parent Referral: (Provide Referral Date: ______________). This is the date a member of the District’s certificated staff received a verbal or written request from the parent.

___ The District determined than an evaluation is not warranted and will provide the parents with a Notice of Action-Initial Evaluation (Refused). Consider implementing intervention strategies and providing at-risk services.

___ The District determined that an evaluation is warranted.

___ District personnel request evaluation.

___ The District determined that an evaluation is not warranted.

OR

___ The District determined that an evaluation is warranted. Provide date on which the decision was made to evaluate: _______________________. (Referral Date)

Procedural Safeguards dated ______________ given to Parents on ______________ (within 5 days after referral)

Names of Personnel Making Above Determination

___________________________________________________ School Counselor

___________________________________________________ School Psychologist/Psychological Examiner OR Speech Pathologist/Diagnostician (Speech Only)

___________________________________________________ Principal, if in attendance

SPED-Initial Referral (9-2010)