

### TIER II REFERRAL

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **School:** \_\_\_\_\_  
Last First MI

**Grade:** \_\_\_\_\_ **ELL:**  Yes  No **Gender:**  Male  Female **Phone #:** \_\_\_\_\_

**Parent:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Reason for Referral: (describe educational difficulties in detail)**

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**CUMULATIVE RECORD REVIEW – Each area must be addressed –OR– indicate as not applicable (NA)**

<p><b>ATTENDANCE:</b></p> <p>Last Year Days Present: _____ Days Absent: _____</p> <p>Total days missed since student began school: _____</p> <p>List all schools attended:            _____            _____            _____</p> <p>Retentions: Yr(s): _____ Gr (s): _____</p> <p>Previous enrollment in Special Education Programs/Section 504:            _____</p>	<p><b>TESTING INFORMATION:</b></p> <p>CMT/CAPT Date Taken: _____            Reading _____            Math _____            Writing _____            Science _____</p> <p>PSAT/SAT Date Taken: _____            Reading _____            Writing _____            Math _____</p> <p>Other:</p>	<p><b>SCREENING:</b></p> <p>Hearing Date: _____ Results: _____ Recheck Needed: _____</p> <p>Vision Date: _____ Results: _____ Recheck Needed: _____</p> <p><b>SPECIAL NEEDS:</b></p> <p>Medical:</p> <p>Social/Family:</p>
<p><b>DISCIPLINE RECORD:</b></p> <p>Number of discipline reports: _____</p> <p>Number of suspensions: _____            In-School: _____            Out of School: _____</p> <p>Total # of Days: _____</p>	<p><b>MOST RECENT ACADEMIC GRADES: (Letter grade)</b></p> <p>Language Arts: _____</p> <p>Math: _____</p> <p>Science: _____</p> <p>Social Studies: _____</p> <p>World Language: _____</p> <p>Health/PE: _____</p> <p>Electives: _____</p>	<p><b>SITUATIONAL TRAUMA:</b></p> <p>Has the student experienced a recent trauma? <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, explain: _____            _____</p> <p>Is there any other situation that could create stress or emotional upsets?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, explain: _____            _____</p> <p>Has there been a significant change in the student's classroom performance within a short period of time (2-3 months)?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>