

**TAYLOR COUNTY SCHOOLS
REFERRAL TO STUDENT ASSISTANCE TEAM (SAT)**

*TO BE COMPLETED IN ITS ENTIRETY BY REFERRING INDIVIDUAL
BEFORE A MEETING CAN BE SCHEDULED!*

STUDENT NAME: _____ **WVEIS:** _____
SCHOOL: _____ **GRADE:** _____
DATE OF BIRTH: _____ **REFERRED BY:** _____

Reason for referral (please be specific):

How long has this been a concern?

Have the parents been contacted regarding your concern? Yes No

Does the student receive any support services (e.g., Title I, counseling, Special Education, 504)? Yes No

If yes, please list: _____

Is the student currently failing any subjects? Please attach present progress report and report card. Yes No

Has the student been suspended this year? Yes No

If yes, how many days? _____ ISS _____ OSS

Please list reason for suspension(s): _____

Does this student have any medical, emotional, or physical restrictions and/or conditions? Yes No

If yes, please describe: _____

Do you have concerns about this student's vision? Yes No

Do you have concerns about this student's hearing? Yes No

Does this student take any medication(s)? Yes No

If yes, please list: _____

Has this student been retained? Yes No Grade(s): _____

How many days has this student missed this year? _____

Has attendance been a problem in the past? Yes No

Do you know if the student has been evaluated before? Yes No

If yes, describe: _____

Are there any social/emotional concerns of which you are aware (e.g., divorce, family changes, etc.)? Yes No

If yes, please describe: _____

Academic Information:

Reading Level: _____ Date of Last Assessment: _____

Math Level _____ Date of Last Assessment: _____

Student Strengths (check all that apply):

- | | | |
|-------------------------|----------------------------|-------------------------------------|
| Positive attitude | High expectations for self | Handles constructive criticism well |
| Hard worker/motivated | Works well independently | Athletic |
| Focused/goal directed | Good sense of humor | Takes pride in appearance |
| Works well in groups | Cooperative | Musically talented |
| Respectful of authority | Responsible | Artistically talented |
| Extensive vocabulary | Good organization skills | Enjoys learning new things |

Academic Concerns (check all that apply):

- | | | |
|-----------------------------------|-------------------------------|--|
| Poor basic reading skills | Poor written expression | Lacks background knowledge |
| Poor reading fluency skills | Poor expressive communication | Does not work well independently |
| Poor reading comprehension skills | Poor listening comprehension | Forgets previously learned information |
| Poor math calculation skills | Gives up easily | Poor study skills |
| Poor math problem solving skills | Disorganized | Slow rate of work |
| Poor spelling | Incomplete assignments | Other: _____ |

Behavior Concerns (check all that apply):

- | | | |
|-----------------------|--|--------------------|
| Difficulty attending | Hostile when constructively criticized | Steals/cheats/lies |
| Verbally disruptive | Bullies others | Easily frustrated |
| Physically disruptive | Destroys property | Avoided by peers |
| Verbally aggressive | Easily distracted | Impulsive |
| Physically aggressive | Shy/withdrawn | Hyperactive |
| Victim of bullying | Argumentative | Other: _____ |

Adaptive Concerns (check all that apply):

- | | | |
|---|--|---|
| Does not respect other's personal space | Difficulty with transitions | Vocabulary not appropriate for age |
| Does not maintain hygiene | No interest in the activity of others | Appears overly dependent on adults- |
| Difficulty following daily routines | Difficulty with fine/gross motor skills | Difficulty expressing emotion verbally |
| Does not ask for help when needed | Does not persist with challenging tasks | Does not tell adult when injured/sick |
| Lacks knowledge of money/time | Difficulty managing self-care | Does not keep track of belongings |
| Shows no caution/does not follow safety rules | Does not show respect for other's belongings | Unable to engage in back-and-forth conversation |

Interventions/Accommodations implemented PRIOR to referral:

What strategies have been used to address the student concern prior to the SAT request?

Check all that apply:

	How long tried?	Results?
Small-group instruction		
Tutoring		
Assistive technology		
Daily behavior chart		
Reward positive behavior		
Assigned or preferential seating		
Use of graphic organizers		
Use of manipulatives		
Re-teaching concepts		
Instructional accommodations <i>Specify:</i>		
Curriculum modifications <i>Specify:</i>		
Interventions <i>Specify:</i>		

Signature of Referring Individual: _____ **DATE:** _____

RETURN THIS FORM TO THE SAT CHAIR FOR YOUR BUILDING.

FOR SAT CHAIR ONLY:

Date referral form received: _____ Date Notice Sent: _____ Scheduled SAT Date: _____