

## At Risk Documentation

\*\*Please make sure all interventions are added into Encore\*\*

Interventions will be picked up on:  
\_\_\_\_\_

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Subject Taught: \_\_\_\_\_ Current Grade: \_\_\_\_\_ (attach a sample of student work)

**What is your area(s) of concern?** (mark all that apply)

- Academic** (math, reading, writing)
- Articulation or Language** (grammar, vocabulary)
- Behavior** (on-task, talk-outs, following directions, task completion)

**Student Comparison Data** (Required)

List two assessments or assignments that you have done in class below. Place the target students score in the first box and the class average on the assessment or assignment in the last box.

Assignment/Task	Student Score	Class Average

Assignment/Task	Student Score	Class Average

**Level One Interventions** (complete all that apply)

Intervention	Date	Effective
Student Contract		Y N
Contact Parent/Conference		Y N
Visual Examples		Y N
Classroom Exit Tickets		Y N

Intervention	Date	Effective
Seating Change		Y N
Shortened Assignments		Y N
Meet with the Counselor		Y N
Good Peer Support		Y N

**Level Two Interventions**

**ACADEMIC - Support During School** (2 or more Level 2 Academic Interventions below required for referral)

	Start Date	How Often	Effective	Results
Small Re-teaching Groups			Y N	
One-on-One Re-teaching			Y N	
Frequent Checks for Understanding			Y N	
Tests/Assignments Read Aloud			Y N	
One-on-One Flashcard Material Review			Y N	
Frequent Vocabulary or Facts Review			Y N	
			Y N	

**Continue on the back**

## At-Risk Student Referral

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student #** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

**Parent/Guardians notified of concern on:** \_\_\_\_\_ **By:** \_\_\_\_\_

**Primary language of student:** \_\_\_\_\_

**Primary language of home:** \_\_\_\_\_

### Data Information Required

Has this student ever received special education?    Y    N    If Yes, when \_\_\_\_\_

Has this student ever received 504 services?            Y    N    If Yes, when \_\_\_\_\_

Has this student ever received ELL Services?         Y    N    If Yes, when \_\_\_\_\_

Date of vision screening: \_\_\_\_\_    Pass    Fail    Action: \_\_\_\_\_

Date of hearing screening: \_\_\_\_\_    Pass    Fail    Action: \_\_\_\_\_

### Has the student received any of the following support classes?

Read 180                             No     Yes    If Yes, when: \_\_\_\_\_    Grade Received: \_\_\_\_\_

English Support Class     No     Yes    If Yes, when: \_\_\_\_\_    Grade Received: \_\_\_\_\_

Math Support Class             No     Yes    If Yes, when: \_\_\_\_\_    Grade Received: \_\_\_\_\_

Study Skills/Study Hall     No     Yes    If Yes, when: \_\_\_\_\_    Grade Received: \_\_\_\_\_

### Please print and attach the following data before submitting for review

- |   |   |
|---|---|
| <input type="radio"/> Student grade report      | <input type="radio"/> Student SAGE results      |
| <input type="radio"/> Student attendance report | <input type="radio"/> Student discipline report |

## Level Two Interventions Continued

### BEHAVIOR - Support During School

1. Have you directly taught and practiced all classroom procedures individually with the student that relates to their misbehavior? \_\_\_\_\_

*(2 or more Level 2 Behavior Interventions below required for referral)*

Intervention	Start Date	How Often	Effective	Results
Modified Assignments			Y N	
On Task/Zero Noise Cards with Rewards			Y N	
Increase Reward/Positive Reinforcement			Y N	
Check-in & Check-out With Teacher			Y N	
Sit in Alternate Classroom to Complete Work			Y N	
Redirect and Demonstrate Correct Behavior			Y N	
Student Tracker			Y N	
In Class Break			Y N	
Schedule Change			Y N	
			Y N	
			Y N	

*Please list what strengths the student has and what concerns or weakness they may have in the spaces provided below.*

**Strengths:**

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**Weakness/Concerns:**

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