

**ELIDA ELEMENTARY
INTERVENTION ASSISTANCE TEAM REFERRAL FORM**

Student Name:

(please print)

Areas of Concern (check all that apply):

ACADEMIC

- English Language Arts
 - Reading
 - Writing
- Math
- Study Skills
- Other _____

SOCIAL/EMOTIONAL

- Attention
- Task Completion
- Following Directions
- Withdrawn
- Acting Out
- Peer Relationships
- Other _____

COMMUNICATION

- Articulation
- Language
- Fluency/Stuttering
- Voice
- Listening Skills
- Other _____

SENSORY/MOTOR

- Hearing
- Vision
- Fine Motor
- Gross Motor
- Other _____

******Please attach Supporting Factual Data******

Conference / Contact with Parent/Guardian(s): Dates and Results:

Current Programs/Services being Implemented:

Progress Monitoring: Subject/Dates/Results

INTERVENTIONS

ATTEMPTED	Date Started	Date Ended	Effective?
Utilized Differentiated Instruction/Strategies	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Materials	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Methods	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Pace	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Assessments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Homework	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Independent Practice/Assignments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Extended Time	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Tutoring/Direct Teaching	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Teacher (Independent, Small Group)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Peer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Volunteer	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Extended Learning Opportunities	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Adaptive Equipment (_____)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student/Teacher Conference	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented Academic Contract	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Monitored Progress (Data Binder)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provided Effective Feedback	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utilized Olweus Strategies	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implemented Behavioral Contract	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Changed Seating (_____)	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Modified Class Discipline Plan	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Additional reminders to be on task	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Additional opportunities for movement	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Opportunities for class responsibilities	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Withdrawal of privileges	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information:

- No Further Action
- Additional Interventions
- Further Review (Scheduled for: _____)
- Screening
- MFE
- Other

IAT Check Off List

First:

- Contact parent and explain why you are referring their child to IAT
- Meet with Melanie or Faith about your intent to take student to IAT

Second: Gather the following to create packets for the IAT. Please collate them in this order. Depending on grade level or situation, some items may not apply.

- IAT Cover Sheet
- DASL Cover Sheet
- Intervention Assistance Team Referral Form
- Class Norms
- Class Grades for student
- Last year report card
- OAA Scores
- Unit Test/CFA scores
- Print out AIMS WEB Report
- Progress Monitoring Report (if available)
- Class Work Samples
- Observations
- Behavior records
- Interventions and accommodations implemented
- Parent Communication

NOTE: Make 11 copies of above information for the meeting.

To locate DASL Cover Sheet, do the following...

- Open DASL
- Select "Advanced Search" in blue tool bar
- Select "Additional Info" tab
- Go to homeroom box, select arrow and choose your home room
- Click on "Search" gray box at bottom
- Click on the House icon behind student name
- Print page – right click in white space to print

