

# Southern Fulton School District

## A. At-Risk Student Referral Form

Date of Request \_\_\_\_\_  
Person making the request \_\_\_\_\_  
Role \_\_\_\_\_

\_\_\_\_\_ I have spoken with the Title I teacher and reviewed current data.

Reason for Request - What are the concerns about this student's performance?

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How and when was the parent first notified of the student's concerns?

\_\_\_ Phone call \_\_\_\_\_ (date)  
\_\_\_ Letter \_\_\_\_\_ (date)  
\_\_\_ Conference \_\_\_\_\_ (date)

Note concerns expressed by the parent.

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**I. ACADEMIC SKILLS - Identify any areas in which the student displays a significant concern. Gather work samples to illustrate the student's concerns.**

### READING

\_\_\_ sight word recognition  
\_\_\_ phonics skills  
\_\_\_ comprehension  
Other \_\_\_\_\_

Estimated Reading Grade Level: \_\_\_\_\_

### MATH

\_\_\_ computation  
\_\_\_ reasoning  
Other \_\_\_\_\_

Estimated Mathematics Grade Level: \_\_\_\_\_

## **SPELLING/WRITTEN LANGUAGE**

spelling  
 grammar/punctuation  
 written expression  
Other \_\_\_\_\_

Estimated Grade Level \_\_\_\_\_

## **II. STUDENT STRENGTHS – *Check all that apply.***

Positive Attitude  
 High expectations for self  
 Handles conflict well  
 Hard Worker  
 Works well independently  
 Athletic  
 Trustworthy  
 Good sense of humor  
 Takes pride in appearance  
 Works well in groups  
 Cooperates  
 Musically talented  
 Respectful of Authority  
 Responsible  
 Artistically inclined  
 Motivated  
 Transitions easily  
 Possesses leadership qualities  
 Organized  
  
 Other \_\_\_\_\_

## **III. Check areas in which the student displays SIGNIFICANT DIFFICULTIES or functions significantly below the expected level.**

### **LEARNING BEHAVIORS/ SOCIAL ADJUSTMENT**

working in a group  
 develops appropriate friendships  
 working independently  
 relates appropriately to teachers – adults  
 distractibility  
 emotional outbursts  
 impulsivity  
 withdrawal  
 energy level too high  
 chronic lying  
 energy level too low  
 frustration tolerance  
 chronic absences

\_\_\_ organization

**COGNITIVE**

- \_\_\_ Suspected Below average compared to peers
- \_\_\_ Suspected Average compared to peers
- \_\_\_ Suspected Above average compared to peers

**IV. EDUCATIONAL HISTORY**

**Number of Schools Attended:** (Specify) \_\_\_\_\_

**Grades Repeated:** (Specify) \_\_\_\_\_

**Excessive Absenteeism:** (Specify) \_\_\_\_\_

**Number of Suspensions:** \_\_\_\_\_

**Has instruction been inconsistent within a school year?**

\_\_\_ NO \_\_\_ YES, explain \_\_\_\_\_

**Are academic deficiencies a result of lack of instruction in reading and/or mathematics?**

\_\_\_ NO \_\_\_ YES,  
explain \_\_\_\_\_

**V. What classroom intervention strategies have been employed to address the student's academic concerns prior to the CST request? *Check all that apply.***

<b>Intervention</b>	<b>How Long Tried?</b> <i>Enter begin and end dates.</i>	<b>Outcome of Intervention</b>
Instructional accommodations Specify:		
Modified curriculum/demands		
Materials modification		
Alternative materials		
Small-group instruction		

Tutoring		
Daily guided reading		
Assigned seating		
Rearranged physical setting		
Parent Conference		
Other – Specify:		
Other –Specify:		
Other –Specify:		

**VI. Student Data and Evidence**

**Please bring the following information with you to the CST meeting:**

- **Report Card/grades**
- **Any observational data**
- **Student work samples**
- **Any other pertinent data**