

IAT STUDENT INFORMATION - INTERMEDIATE

INITIAL REFERRAL COVER SHEET

Student Name: **Grade:** **Date of Birth:**

Area(s) of Concern:

- What are your concerns regarding this student?
- Were parents made aware of the concerns listed prior to this IAT referral?

Concerns in Additional Classes:

- Are there concerns in additional classes?

Educational History:

Retention:

- Was this student retained?

Attendance:

- Describe the student's attendance:

Student Strengths: Student's academic/behavioral/social strengths:

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Student Weaknesses: Student's academic/behavioral/social weaknesses:

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Interventions: Please list all interventions attempted:

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Current Accommodations:

- Please list all accommodations the student is currently accessing in your classroom:
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Access a Tutor:

- Does this student currently utilize a tutor?

Classroom Grade: What is the student's grade in your class?

Medical Information: Please indicate any relevant medical concerns:

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Additional Concerns:

- Do any of the following areas need to be considered?
 - Glasses/ Contacts Worn?
 - Needs Vision Screening
 - Wears Hearing Aids
 - Needs Hearing Screening
 - Needs Speech & Language Screening

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- Needs OT or PT Screening
- Currently has an IEP for Speech
- Currently has an IEP for Speech, OT & PT
- No vision, hearing, Speech, OT, or PT concerns
- Counseling Services
- Other?

Area (if applicable):	Reading	Mathematics
IXL Scores:		

Current Classroom Grades	Student of Concern
Language Arts	
Math	
Writing	
Science	
Social Studies	

Referring Teacher: **Your Name (First and Last):**

Date: **Today's Date**

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MEETING LOG

THIS WILL BE FILLED OUT DURING THE MEETING BY THE IAT TEAM.

Student Name:

Grade:

Student's Date of Birth:

Referring Teacher:

Date Referred:

Initial Concern:

Initial Meeting Date:

Data Goal:

Summary of Meeting:

Second Meeting Date:

Data Goal:

Summary of Meeting:

Third Meeting Date:

Data Goal:

Summary of Meeting: