IAT Student Information - Elementary

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?

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

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

Behavioral Information: Does the student exhibit behavioral concerns?

-

Interventions: Please list all attempted interventions:

-

Current Accommodations: Please list all accommodations this student is currently receiving:

-

****Please complete the following assessment, and bring the results with you to your meeting.**

- **Wonders Placement & Diagnostic Assessment**

RIMP: Is the child currently on a RIMP:

If so, please check one of the following areas:

- ☐ Comprehension
- ☐ Reading Level
- ☐ Phonemic Awareness
- ☐ Phonics; Word Recognition
- ☐ Fluency ***If you checked Fluency, please complete the appropriate attached Wonders Fluency Assessment for your grade level. Please bring results with you to your meeting!**
  - ☐ **Wonders Fluency Assessment.**
- ☐ Vocabulary

Educational History:

Retention:

- ☐ Was this student retained?

Previous District Attendance:

- ☐ Previous district attendance?

Current Attendance:

- ☐ Describe the student's attendance:

IAT STUDENT INFORMATION

Medical Information:

- Please indicate any relevant medical concerns:

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
  - ☐ 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):	
Current Lexile Level (can be found under the instructional planning report on STAR):	
Current instructional reading level: (can be found on the above report)	
Statewide Testing (3rd and 4th):	
STAR Scores in Reading:	
STAR Scores in Mathematics:	

Current Classroom Grades	
English	
Math	
Spelling/Writing	
Reading	
Science	
Social Studies	

Referring Teacher: Your Name (First and Last) **Date:** Today's Date

IAT STUDENT INFORMATION

IAT STUDENT INFORMATION

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:
K-BIT:

Initial Concern:

Initial Meeting Date:
Summary of Meeting:

Data Goal:

FOLLOW UP (Teacher to complete prior to 2nd meeting):
What progress did the student make (did they meet their data goal)?

What are student's current grades and levels (reading level, i.Ready scores, diagnostics, etc) in areas of concern?

Do you have any additional concerns, if so please list:

Second Meeting Date:
Summary of Meeting:

Data Goal:

FOLLOW UP (Teacher to complete prior to 3rd meeting):
What progress did the student make (did they meet their data goal)?

What are student's current grades and levels (reading level, i.Ready scores, diagnostics, etc) in areas of concern?

Do you have any additional concerns, if so please list:

IAT STUDENT INFORMATION

Third Meeting Date:
Summary of Meeting:

Data Goal:

FOLLOW UP (Teacher to complete prior to fourth meeting):
What progress did the student make (did they meet their data goal)?

What are student's current grades and levels (reading level, i.Ready scores, diagnostics, etc) in areas of concern?

Do you have any additional concerns, if so please list:

IAT STUDENT INFORMATION

Student Name: <<Student's Name: (First and Last)>>
Grade: <<Grade Level:>>

Brainstorm Interventions (3 per column)

School	Parent	Student

DATA GOAL (Please write your DATA GOAL below)

D- If adults do this
A- students will achieve this
T- in this amount of time
A- as measured by this

Tracking Progress

Please list tracking tool:

Participants

Name	Title	Date of Meeting