IAT Student Information - High School

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:

-

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

-

Interventions: Please list all interventions attempted:

-

Current Accommodations:

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

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:

-

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

IAT STUDENT INFORMATION

- 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

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:

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: