

Documentation for IST meetings

Attendance

Student work

Recent assessments to include STAR, math assessments,

Benchmarks

Parent notice that we are having IST
Information from outside agencies involved

Return packet after it
is complete

**Rondout Valley Central School District
IST Referral Form
Draft**

Student: _____ Grade: _____

DOB: _____ Gender: _____ Student ID#: _____

Requested by: _____ Date: _____

Parent/Guardian: _____ Phone # _____

Address: _____ Dominant Language of Home: _____

_____ Interpreter Needed? _____

Does the student receive ESL services? _____ If yes, frequency: _____
Does the student currently have an IEP? _____

Parent Contact:

Dates	Methods (meeting, phone, email)	Outcome of Conversation	Comments	Contacted By:

STRENGTHS: Consider bodily-kinesthetic, inter/intrapersonal, linguistic, logical-mathematical, musical, spatial

- | | | |
|---|--|--|
| <input type="checkbox"/> Gross Motor Coordination | <input type="checkbox"/> Musical | <input type="checkbox"/> Completes Assignments |
| <input type="checkbox"/> Fine Motor Skills | <input type="checkbox"/> Kind | <input type="checkbox"/> Language Arts |
| <input type="checkbox"/> Good Verbal Skills | <input type="checkbox"/> Friendly | <input type="checkbox"/> Math |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Organized | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Artistic | <input type="checkbox"/> Good Study Skills | <input type="checkbox"/> Science |
| <input type="checkbox"/> Other _____ | | |

AREAS OF CONCERN:-

A. Attendance

Is attendance/tardiness a problem? Yes No

Total absences to date _____ Days tardy to date _____

B. Academic Issues

- reading skills
 - ___ phonemic awareness
 - ___ fluency
 - ___ decoding
 - ___ comprehension
- math skills
 - ___ computation
 - ___ problem solving
- expressive writing
 - ___ handwriting
 - ___ organization
 - ___ sentence structure

Current reading level: _____

Assessment method: _____

Current math level: _____

Assessment Method: _____

academic performance significantly different from peer's organization

other: _____

C. Behavioral Issues

- self-control distractibility non-compliance aggression
- social skills other _____

D. Speech/Language Issues

- receptive and expressive language
 - ___ listening comprehension phonemic awareness
 - ___ understanding information auditory discrimination
 - ___ following verbal directions
 - ___ expressing complete thoughts and ideas
 - ___ using appropriate syntax
- articulation voice/fluency (describe): _____
- other _____

E. Health Issues

- physical concerns vision/hearing fine motor skills other _____
- gross motor skills sensory concerns Describe: _____

Source(s) of information (health office record, observation, etc.)

List of Instructional Strategies Tried to Date

Previously tried	Provide samples

Under what condition is student successful? (e.g., peer tutoring, cooperative groups, hands-on instruction, highly structured environment, opportunities for leadership, etc.)

OTHERS WHO SHOULD ATTEND THIS MEETING:

Classroom teacher _____
 Previous year teacher _____
 Psychologist _____
 Social Worker _____
 Speech/Language _____

Nurse _____
 Outside Services _____
 Other _____

INTERVENTIONS TRIED TO DATE

	Start Date	End Date		Start Date	End Date
<input type="checkbox"/> Reading Recovery	_____	_____	<input type="checkbox"/> Modified/Reduced Assignment	_____	_____
<input type="checkbox"/> AIS Reading	_____	_____	<input type="checkbox"/> Small group instruction	_____	_____
Ratio ___:___			<input type="checkbox"/> Individual instruction	_____	_____
<input type="checkbox"/> AIS Math	_____	_____	<input type="checkbox"/> Peer Tutoring	_____	_____
Ratio ___:___			<input type="checkbox"/> Preferential Seating	_____	_____
<input type="checkbox"/> Speech/Language	_____	_____	<input type="checkbox"/> Parental Contact	_____	_____

- | | | | | | |
|--|-------|-------|--|-------|-------|
| <input type="checkbox"/> Occupational Th. | _____ | _____ | <input type="checkbox"/> Copy of classroom notes | _____ | _____ |
| <input type="checkbox"/> Sensory Diet (OT) | _____ | _____ | <input type="checkbox"/> Parental contact | _____ | _____ |
| <input type="checkbox"/> Physical Therapy | _____ | _____ | <input type="checkbox"/> FBA | _____ | _____ |
| <input type="checkbox"/> Counseling | _____ | _____ | <input type="checkbox"/> BIP | _____ | _____ |
| <input type="checkbox"/> Behavioral Chart | _____ | _____ | <input type="checkbox"/> Other | _____ | _____ |
| <input type="checkbox"/> Behavioral Contract | _____ | _____ | | _____ | _____ |
| <input type="checkbox"/> Time out | _____ | _____ | | _____ | _____ |

In the space below, please feel free to provide additional information:

Outside agencies working with child and/or family (if known):

Follow-up Meeting

Student: _____ Date: _____

_____ Six week follow-up Other (please specify): _____

Any pertinent information or new concerns since last meeting?

Future Actions:

Continue any current interventions? _____

Modify current interventions? _____ How? _____

New Interventions and/or Assessments (Speech, OT, etc.)

Person Responsible

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Follow-up meeting date: _____ Intervention Strategies successful; no further action necessary

Based on the intervention strategies attempted, observation and communication with the teacher, the IST is recommending that this student be referred to:

___ Committee on Special Education / Date: _____ ___ 504 Committee / Date: _____

Evaluations/Services Requested:

___ Psychological ___ Speech/Language ___ OT ___ PT
___ Other: _____

****Please attach the Documentation of IST Intervention Strategies and Medical Record**

Evaluations requested:

Assessments:

___ Psychological

___ Educational

___ Speech/Language

___ OT

___ PT

___ FBA

___ Other _____

Principal

Referring Staff Member