HIGHLAND PINES SCHOOL
Student Referral Information Form

Student's Name: ______________________________________________________________________

Present Eligibility Classification: __________________________________________________________

Last IEPC Date: _________________________ Last MET Date: ______________________________

STATUS

Has the student ever received Services to Tuscola's Exceptional Preschoolers (STEP/evaluation)? (Circle one)

If yes, when? ______________________________

YES      NO

Has the student ever received services at Highland Pines School? (Circle one)

YES      NO

If yes, when? ______________________________

What is the student's present special education placement? What services is he/she receiving?

_______________________________________________________________________________________

Is the student in general education classes? (Circle one)

YES      NO

If yes, in what classrooms? ___________________________________________________

What support services in general or special education does the student presently receive?

_______________________________________________________________________________________

Briefly describe the student's conduct in the classroom or on the playground. Indicate both acceptable and unacceptable behavior and habit patterns:

_______________________________________________________________________________________

Are the achievement scores 3 standard deviations or more below the norm? YES     NO   _______________

Do you have parent permission/record release to refer? (Please circle one) YES, in Writing/Phone   NO

Are the student's parents aware of your concern? (Please circle one) YES, in Writing/Phone   NO

Are they receptive to considering a change? (Please circle one) YES, in Writing/Phone   NO

Comments: _____________________________________________________________________________

_______________________________________________________________________________________

Please indicate the problem/reason for referral:

________________________________________________________________________________________

Is there, or has there been a school social worker involved? _________________________________
SCHOOL HISTORY

Student Academic Achievement

Please describe four research-based interventions/strategies your district has implemented to maintain this student in general or special education programs. How long were the interventions/strategies implemented? What was the results?

<table>
<thead>
<tr>
<th>Interventions/Strategies</th>
<th>Time (How long days/wks)</th>
<th>Results - Data</th>
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Student Attendance (Circle one) GOOD FAIR POOR
Reading Level: ____________
Math Level: ____________
Writing Level: ____________

Please list any grades the student has repeated: _____________________________

Student social adjustment/behavior (Circle one) GOOD FAIR POOR

Subjects/Final GradesReceived Last Year

<table>
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<tr>
<th>SUBJECT</th>
<th>GRADE</th>
<th>SCHOOL/DISTRICT ATTENDED</th>
<th>DATES</th>
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Schools Attended Out of Your District

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<tr>
<th>DATE</th>
<th>TEST ADMINISTERED</th>
<th>RESULTS</th>
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MEDICAL / AGENCY HISTORY

Please list any known illnesses/disabilities/medications: ____________________________________________
_____________________________________________
______________________________________________

What person(s)/agencies have been involved with the student and/or family? ___________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Principal Signature ___________________________ Date ___________________________

Teacher Signature ___________________________ Date ___________________________

1-22-16