

SIT REFERRAL FORM
To Be Completed by the Referring Teacher(s)

School: _____ Date: _____

Student's Name: _____ Student's Number: _____ Date of Birth: _____

Gender: ____ Grade ____ Referred by: _____ Administrator Teacher Parent Other

Reason For the Referral: Academics Accelerated Program Behavior Attendance Health Needs

Has student ever received: Special Education? Disability _____ Initial IEP Date _____

504 Plan Date of 504 Plan _____

Functional Behavior Assessment FBA/BIP Dates _____

ESOL Student: L1 L2 L3 L4/Transitional Student Transitional 2 Reclassified English Language Learner

Vision/Hearing Screening: Y N Dates: _____ Glasses: Needed Worn Hearing Aid(s): Needed Worn

Schools Attended: _____ Other Jurisdictions? _____

Previous Referrals: Y N Previous Evaluations: Y N Dates: _____

Attendance: *(Please provide current attendance printout and PDS/SR Cards).*

Parent Contact(s) Y N Dates Parent Contacted: _____

Has the student experienced any traumatic events in the past or currently? Y N *(If yes, please explain briefly.)*

Is the student receiving in-school or private counseling? Y N

Is the student receiving assistance through: Tutoring ELO Other School Programs _____

Standardized Tests and Scores: *(Please attach school documentation.)*

PS 74's: **(Please attach school documentation).**

Additional Comments/Concerns: _____
