



School Based Intervention Team (SBIT) Referral

Date of Referral _____	Referral Source _____	School _____
Student Information:		
Name: _____	Age _____	Grade _____
Parent/Guardian: _____	Phone #: _____	Work#: _____
Home address _____		
Was student homeschooled? (circle) Y N	Did student attend a Pre-K program? (circle) Y N	
Primary Referral Concern: _____		

Parent/Teacher Contact Documentation (minimum of 3 contacts):

Date: _____ Mode: (phone, conference, etc...) _____

Discussion/Action Plan:

Outcome/Next Steps:

Date: _____ Mode: (phone, conference, etc...) _____

Discussion/Action Plan:

Outcome/Next Steps:

Date: _____ Mode: (phone, conference, etc...) _____

Discussion/Action Plan:

Outcome/Next Steps:

Health Screening Data (Circle One):

- | | |
|---|---|
| Has student passed most recent vision screening? Y N | Does student wear glasses? Y N |
| Has student passed most recent hearing screening? Y N | Does student wear hearing aids? Y N |
| Has student passed most recent speech screening? Y N | Is the student receiving speech services? Y N |

Student Strengths: (Select all that apply):

<ul style="list-style-type: none"> <input type="radio"/> Sound decision-making skills <input type="radio"/> Thinks before acting <input type="radio"/> Empathetic or sensitive <input type="radio"/> Tolerates change <input type="radio"/> High Self-esteem <input type="radio"/> Positive Outlook <input type="radio"/> Engaged 	<ul style="list-style-type: none"> <input type="radio"/> Self-motivated <input type="radio"/> Creative <input type="radio"/> Sense of humor <input type="radio"/> Integrity <input type="radio"/> Asks for assistance <input type="radio"/> Responsible for self <input type="radio"/> Stands up to peer pressure 	<p>Student Interests</p> <hr/> <hr/> <hr/> <hr/> <hr/>
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Patterns of Behavior: (Select all that apply):

<p>Academic</p> <ul style="list-style-type: none"> <input type="radio"/> Low grades <input type="radio"/> Drop in grades <input type="radio"/> Academic Failure <input type="radio"/> Inconsistent performance <input type="radio"/> Incomplete Homework <input type="radio"/> Easily frustrated 	<p>Behavior</p> <ul style="list-style-type: none"> <input type="radio"/> Fighting <input type="radio"/> Argumentative <input type="radio"/> Cheating <input type="radio"/> Blaming <input type="radio"/> Obscene language <input type="radio"/> Aggressive <input type="radio"/> Impulsive <input type="radio"/> Stealing <input type="radio"/> Vandalism <input type="radio"/> Hyperactive 	<p>Physical</p> <ul style="list-style-type: none"> <input type="radio"/> Frequently fatigued <input type="radio"/> Sleeping in class <input type="radio"/> Poor hygiene <input type="radio"/> Frequent physical complaints <input type="radio"/> Burn marks/cuts <input type="radio"/> Slurred speech <input type="radio"/> Excessive absenteeism <input type="radio"/> Frequent trips to nurse, restroom, or counselor
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Environmental, Cultural, or Economic Factors (select all that apply):

- Limited experiential background
- Irregular attendance
- Transiency in elementary school (at least 2 or more in a single year)
- Home responsibilities interfering with learning activities (caring for siblings, parents, work, etc...)
- Limited experiences in majority-based culture (Ex. Child does not participate in scouts, clubs, etc..)

Services Currently Utilized:

- Therapeutic Day Treatment
- In-home therapy
- School Counselor Sessions
- Outside Counseling

Please list strategies/accommodations used in the classroom, particular to this student.

Other Information regarding this student:

Attach the following:

Attendance

Discipline

Retention information

Assessment information:

- Grade report- Quick Look-up (If little information is available, include last year's information)
- SOL scores
- MAP assessments
- PALS data (if applicable)

My signature below indicates I have utilized all feasible classroom interventions and strategies with limited or no success before referring this student to the School Based Intervention Team (SBIT). This form has been filled out in its entirety and the requested information is attached to this document. *This request must be accompanied by a school level administrator's signature before being given to the SBIT Chairperson for your school.

Signature

Date

Administrator Signature

Date

Received by SBIT Chairperson on _____

SBIT Chairperson Signature