



BENTON STEARN'S EDUCATION DISTRICT PRE-REFERRAL CHECKLIST

Learner's Full Name: _____	D.O.B. __/__/____
Parents: _____	School: _____
Address: _____	Grade: _____
Phone: _____	
Person Referring: _____	Title: _____

1. Statement of the Problem:

2. Consultation Dates:

_____	Talked to learner about concern.
_____	Talked to parent(s).
_____	Consulted with previous teacher(s).
_____	Vision Screening: Date _____ Score _____
_____	Hearing Screening: Date _____ Score _____
_____	Consulted with other staff members in building.
_____	Consulted with school principal regarding concerns and interventions.

3. Pertinent information obtained from student records about problem statement via cumulative file, health records, attendance, test scores, etc....

4. Documented Interventions ---- complete all information on back of form.

Each intervention should be in place for a minimum of 2 weeks. The interventions should not take place at the same time. Record all concerns and interventions. You are not limited to the two interventions on the back page.

Principal's Signature

Date



DOCUMENTED INTERVENTIONS

STATEMENT OF THE CONCERN:

INTERVENTION #1

Describe plan of intervention for stated concern:

Who participated in the intervention? _____

What was the duration of time spent on this intervention (dates must be included)?

How were the results measured? _____

Describe the success or lack of success of the intervention:

INTERVENTION #2

Describe plan of intervention for stated concern:

Who participated in the intervention?

What was the duration of time spent on this intervention (dates must be included)?

How were the results measured? _____

Describe the success or lack of success of the intervention: