

San Diego Unified School District
Institute for Learning

INSTRUCTIONAL STUDY TEAM REFERRAL

Date received: _____
1st meeting date: _____
Case manager: _____

I, _____, have contacted parent regarding this referral.

Reason for referral: Major concern _____

Academic Behavior Attendance Health Speech/language
Referred by _____ Administrator's signature _____
(Name) (Position)

Student Data

1. Student _____ M F ID no. _____ Ethnic code _____
(Last) (First) (MI)
2. Address _____ Home phone _____
3. Parent(s) or guardian _____ Work phone (father) _____ (mother) _____
4. Siblings/ages _____
5. School _____ School of residence _____
6. Teacher(s) _____ District Counselor _____ Grade _____
7. Primary language _____ ELPL code _____ Number of years in USA _____
Years/level of education in home country _____
8. Has this student been brought to IST before? Yes No Date(s) _____
SARB? Yes No Date(s) _____ 504 Plan? Yes No Date(s) _____
IEP? Yes No Date(s) _____
9. Present classroom functioning (grade levels): Reading _____ Math _____ Language _____

HEALTH/PHYSICAL FACTORS	EDUCATION FACTORS
<input type="checkbox"/> 1. Health problems <input type="checkbox"/> frequent complaints <input type="checkbox"/> 2. Frequent absences <input type="checkbox"/> truancy <input type="checkbox"/> 3. Appears pale, listless, apathetic <input type="checkbox"/> 4. Extremely active and restless <input type="checkbox"/> fidgets <input type="checkbox"/> 5. Possible deficit: <input type="checkbox"/> vision <input type="checkbox"/> hearing <input type="checkbox"/> 6. Poor motor coordination: <input type="checkbox"/> fine <input type="checkbox"/> gross <input type="checkbox"/> 7. Growth or development lag <input type="checkbox"/> 8. Physical injuries (not from physical abuse)	<input type="checkbox"/> 1. Academic difficulties <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Written Lang. <input type="checkbox"/> 2. Poor retention of subject matter <input type="checkbox"/> 3. Poor handwriting or reversals <input type="checkbox"/> messy work <input type="checkbox"/> 4. Difficulty staying on task <input type="checkbox"/> inattentive <input type="checkbox"/> 5. Difficulty comprehending directions <input type="checkbox"/> subject matter <input type="checkbox"/> 6. Difficulty changing activities <input type="checkbox"/> 7. Easily discouraged, often frustrated <input type="checkbox"/> 8. Work completion: <input type="checkbox"/> rushed <input type="checkbox"/> slow <input type="checkbox"/> fails to finish
SPEECH/LANGUAGE FACTORS	PERSONAL/SOCIAL FACTORS
<input type="checkbox"/> 1. Limited speaking vocabulary <input type="checkbox"/> 2. Difficulty relating own ideas <input type="checkbox"/> 3. Incomplete sentences <input type="checkbox"/> poor grammar <input type="checkbox"/> 4. Responses are inappropriate <input type="checkbox"/> 5. Difficulty following directions <input type="checkbox"/> 6. Articulation: Mispronunciation of speech sounds <input type="checkbox"/> 7. Stuttering: Speech blocks, breaks, poor rhythm <input type="checkbox"/> 8. Voice: Quality is hoarse, harsh, too soft	<input type="checkbox"/> 1. Generally withdrawn, timid, fearful <input type="checkbox"/> 2. Poor self-control <input type="checkbox"/> temper outburst <input type="checkbox"/> inappropri. language <input type="checkbox"/> 3. Poor peer relations <input type="checkbox"/> fights <input type="checkbox"/> disturbs others <input type="checkbox"/> 4. Seems unhappy <input type="checkbox"/> moody <input type="checkbox"/> cries easily <input type="checkbox"/> 5. Feelings of inadequacy, low self-concept <input type="checkbox"/> 6. Fantasizes <input type="checkbox"/> exaggerates <input type="checkbox"/> lies <input type="checkbox"/> 7. Challenges authority <input type="checkbox"/> defiant <input type="checkbox"/> impulsive <input type="checkbox"/> 8. Shows little empathy/concern for others

Parent/Family Contacts

Date	Initiated by whom	Purpose/outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have parents initiated contacts? Yes No

Distribution: Copies to: Cumulative School Record; Counselor; Parent