

Student Intervention Team (SIT)

Student Information - TIER 2 (Completed by General Education Teacher)

Form C

Teacher(s) _____ Date Received _____

Student Name _____ Grade _____ DOB _____

Parent Contact Date/s _____ ☐ Conference ☐ Telephone ☐ Note ☐ E-mail

Reason for Referral: ☐ Academic ☐ Absences (# ____) ☐ Tardies (# ____) ☐ Behavioral ☐ Office Referrals (# ____)

Free/Reduced: ☐ Yes ☐ No

Health Information: Vision Screen Passed ____ Yes ____ No If no, Referral Date _____

Hearing Screen Passed ____ Yes ____ No If no, Referral Date _____

Testing (Check those that are current.)

☐ TPRI Score: _____

☐ STAAR

SUBJECT	Met Expectations (YES/ NO)	Additional Information
Mathematics		
Reading		
Writing		

*Current TAKS Benchmark Scores: Reading _____ Math _____ Writing _____

CURRENT GRADES

SUBJECT	GRADE	ON GRADE LEVEL	SUBJECT	GRADE	ON GRADE LEVEL
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO

This students grades:

- ☐ have been higher each year
- ☐ have stayed about the same each year
- ☐ have become lower each year
- ☐ dropped suddenly in grade _____

Compared with most of the other students in this school, this student's grades:

- ☐ are better
- ☐ are the same
- ☐ are worse

Prior Special Ed Referral ☐ Yes ☐ No

Prior Retention ☐ Yes ☐ No Grade _____

Subject(s) Currently Failing _____

Prior Districts ☐ Yes ☐ No # of Districts _____

Services Provided

Student Intervention Team (SIT)

- ☐ Counseling ☐ Lexia Lab ☐ Dyslexia Program ☐ Learning Centers ☐ 504 Program
- ☐ Tutorials ☐ Bilingual/ESL ☐ Mentoring ☐ Other (Describe) _____

HOME LANGUAGE SURVEY

Date: _____ Results: _____

Other language test: _____ Date: _____

For a student identified as limited English proficient, briefly describe the Language Proficiency Assessment Committees recommendations: _____

☐ YES ☐ NO Has the student experienced any progress while in ESL or bilingual program?

What is the student's instructional language?

How many years of English instruction has the student received?

How does the child's academic progress compare to other students with similar backgrounds?

☐ YES ☐ NO Can the student's learning problems be attributed to second language learning?

☐ YES ☐ NO Does the child's poor achievement appears to be a result of poor educational opportunity? (Too many moves, years of schooling missed, absenteeism, etc.)

☐ YES ☐ NO Does the child appear to be a slow learner, compared with his/her peers?

☐ YES ☐ NO Could this student's poor achievement be the result of a current transition from the native language to the English language?

Please describe the **specific concerns** prompting this referral. What makes this student difficult to teach? List any academic, social, emotional, or medical factors that negatively impact the student's performance.

How do this student's academic skills compare with those of an average student in your classroom?

In what settings/situations does the problem occur **most** often?

In what settings/situations does the problem occur **least** often?

What are the student's strengths, talents, and/or specific interests?

1. _____

2. _____

3. _____

What would be the best day(s) and time(s) for someone to observe the student having the difficulties that you describe above? (Please attach a copy of the student's daily schedule, if available.)

Please provide any additional pertinent information such as this student's most current report card, schedule, and attendance record, and return them with referral.

Allowable Accommodations

Intervention		(Circle one)				How Often		
		Successful (S)	Unsuccessful (US)	Not Tried (NT)	Not Applicable (NA)	Daily	Weekly	Monthly
1	Teacher-led one-on-one	S	US	NT	NA			
2	Teacher-led small groups	S	US	NT	NA			
3	Change seating	S	US	NT	NA			
4	Reduce distractions	S	US	NT	NA			
5	Provide breaks	S	US	NT	NA			
6	Use visual cues/signals	S	US	NT	NA			
7	Modify instructions	S	US	NT	NA			
8	Tutor/Mentor (<input type="checkbox"/> peer <input type="checkbox"/> volunteer)	S	US	NT	NA			
9	Reduce degree of difficulty	S	US	NT	NA			
10	Allow more time	S	US	NT	NA			
11	Give immediate feedback	S	US	NT	NA			
12	Maintain proximity	S	US	NT	NA			
13	Use timer	S	US	NT	NA			
14	Break task into smaller steps	S	US	NT	NA			
15	Minimize transition time	S	US	NT	NA			
16	Model/role-play behavior	S	US	NT	NA			
17	Individual instruction/attention	S	US	NT	NA			
18	Positive reinforcement	S	US	NT	NA			
	<input type="checkbox"/> verbal <input type="checkbox"/> concrete	S	US	NT	NA			
19	Planned ignoring	S	US	NT	NA			
20	Contract/chart/points	S	US	NT	NA			
	<input type="checkbox"/> classroom <input type="checkbox"/> CM	S	US	NT	NA			
21	Loss of privileges	S	US	NT	NA			
22	Privileges/responsibilities	S	US	NT	NA			
23	Time-out (in room)	S	US	NT	NA			
24	Time-out (out of room)	S	US	NT	NA			

What activities or strategies have you tried to do to resolve this problem?

Student Intervention Lab Parent Notice

Parent Name: _____

Date: _____

Due to academic concerns, your child, _____ has been placed in
_____ Reading _____ Math _____ Speech _____ Behavior intervention in order to receive
additional instruction. You will be notified of progress. Please contact me if you have any questions.

Thank you

Teacher

Parent Notice

Parent Name: _____

Due to academic concerns, your child, _____ has been receiving
_____ intervention. You are invited to attend a meeting that has been
scheduled on _____ to discuss your child's progress and/or further intervention needs. Please
bring the attached parent information form to the meeting.

Thank you