



Prairie Elementary
District 518
1700 1st Ave SW
Worthington, MN 56187

Student Intervention and Referral Form

Date: _____ **Teacher Name:** _____

☐ Classroom Teacher ☐ EL Teacher ☐ Intervention Teacher

Student Information

Name: _____ _____ Grade: _____ DOB: _____ Age: _____	Parent/Guardian: _____ Address: _____ _____ Phone: _____ Home Language: _____
--	---

Health Information

☐ Vision Screen: Pass/Fail

Date: _____

☐ Hearing Screen: Pass/Fail

Date: _____

☐ Other Health Diagnosis:

Previous Services

Previous Interventions: _____

Dates: _____

Previous SPED Services/Eval – Dates: _____

Retained – Dates: _____

Home Schooled – Dates: _____

After School (EDGE) – Dates: _____

Summer School – Dates: _____

ELL Status/Teacher: _____/_____

Test Scores/ Target Score

Assessment	Student Score	Target Score
FAST		
FAST		
STAR Reading		
STAR Math		
MCA Reading		
MCA Math		
SAEBRS		
Other: _____		

Attendance

Days Absent Last Year: _____

Days Absent Current Year: _____

Other Concerns: _____

EL ACCESS Scores

	Composite Score	Speaking	Listening	Reading	Writing
TIER __					

Acculturation Quick Screen Score:

☐ Significantly Less Acculturated (0-14); ☐ Less Acculturated (15-22); ☐ In Transition (23-31);
☐ More Acculturated (32-39); ☐ Significantly More Acculturated (40-48)

Parent Contact

I contacted parents on: _____ by: ☐ phone ☐ letter ☐ email ☐ at conference ☐ none

Result: ☐ Parent supports intervention ☐ other outcome:

(Attach Parent Interview)

Area of Concern: ☐ Reading ☐ Math ☐ Written Language ☐ Behavior ☐ Social ☐ Emotional

☐ Speech/Language ☐ Motor

Concerns:

Strengths:

Target Concern: _____

Baseline data: _____

Intervention #1:

Intervention #2:

Dates:

Dates:

Attach Progress Monitor data for both interventions (charts or graphs).