# Teacher Referral for Student Evaluation: Submission Sheet



STUDENT NAME: _____ I.D. # _____

D.O.B. _____ GRADE: _____ GENDER: _____

SCHOOL: _____

REFERRING TEACHER: _____

PARENT(S)/GUARDIAN(S): _____

Check **areas of concern** as reason for referral:

## Academic Performance:

(check all that apply and attach corresponding Teacher Evaluation Report for each area of concern)

__ Listening comprehension
__ Oral expression
__ Basic reading skills
__ Reading fluency
__ Reading comprehension
__ Written expression
__ Math computation
__ Math reasoning/problem solving

## Language Arts:

(areas of concern—check all that apply)

__ Alphabetic knowledge
__ Phonemic awareness
__ Reading comprehension
__ Reading fluency
__ Writing conventions
__ Written expression
__ Written mechanics
__ Vocabulary (reading/oral)
__ Word identification
__ Other: _____

Student Name: _____

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## Mathematics:

(areas of concern—check all that apply)

__ Analysis
__ Basic math facts
__ Computation
__ Geometry or algebra (circle)
__ Math reasoning
__ Measurement
__ Memory/remembering
__ Probability/data
__ Problem solving
__ Word problems
__ Other: _____

## Communication:

(areas of concern—check all that apply)

__ Articulation
__ Communicate basic needs and wants
__ Expressive language
__ Fluency
__ Knowledge of soundletter association
__ Receptive knowledge/language
__ Other: _____

## General Intelligence:

(areas of concern—check all that apply)

__ Applying knowledge
__ Comparing/contrasting ideas of objects
__ Interpreting data to make decisions
__ Memory
__ Perceptual discrimination
__ Predicting events or results
__ Problem solving
__ Other: _____

Student Name: _____

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## Work Skills, Study Skills, Technical and Vocational Functioning:

(areas of concern—check all that apply and attach corresponding Teacher Observations, Student Productivity Evaluation)

__ Attending to tasks
__ Completing school work
__ Following instructions/directions
__ Independent work habits
__ Organizing materials/belongings
__ Other: _____

## Current Grade:

(complete all that apply)

| | |
|---|---|
| Reading | |
| Writing | |
| Spelling | |
| English | |
| Science | |
| Social Studies | |
| History | |
| Mathematics | |
| Other: | |

The following supporting documentation is attached hereto:

1)_____
2)_____
3)_____
4)_____

Referring Teacher's Signature: _____ Date: _____

Received by authorized school personnel:

Name: _____

Signature: _____ Date: _____

Student Name: _____