



Student Support and Progress Team Preschool Referral

Completed with SSPT Designee and referring person

Referring Person: _____ Date: _____

Student Name: _____ Student ID: _____

Teacher Name: _____ Grade: _____ Room: _____

Reason for Referral:

- Academic
- Behavior
- Health
- Language
- Social/Emotional
- Other

Background Information:

Attendance: Days Absent: _____ Unexcused: _____ Tardies: _____
Physical/Health Problems: Yes _____ No _____ If yes, please explain : _____
Student wears glasses: Yes _____ No _____ Consistently: _____
Student wears a hearing device: Yes _____ No _____ Consistently: _____

Current Academic Information:

DRDP Assessment dates _____	Attach Documentation (as appropriate): <input type="checkbox"/> Desired Results Developmental Profile (DRDP) <input type="checkbox"/> Ages and Stages Questionnaire (ASQ) <input type="checkbox"/> Ages and Stages Questionnaire-Social Emotional (ASQ-SE) <input type="checkbox"/> Screenings from related service personnel: _____ _____ _____ _____
Domain Results: Self-Regulation: _____ Social Emotional: _____ Language and Literacy: _____ English-Language: _____ Cognition: _____ Physical: _____ History-Social Science: _____ Visual and Performing Arts: _____	



Current Home Language Student Information:

Primary/Home Language	_____ Primary Language Support provided by <input type="checkbox"/> Teacher <input type="checkbox"/> TA <input type="checkbox"/> Other
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Classroom/Playground Behavior (answer yes or no)

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| _____ 1. Positive peer social interactions | _____ 5. Group participation |
| _____ 2. Positive adult social interaction | _____ 6. Age appropriate play skills |
| _____ 3. Completes activities | _____ 7. Self-comforting skills |
| _____ 4. Independent personal care | _____ 8. Follows rules |

Initial Description of Concern: *Please describe the student’s strengths, your specific academic or behavior concerns and the interventions and strategies implemented to address these concerns.*

Strengths: (What are the student’s school readiness and social skills strengths?)	
Academic or Behavior Concern: (What is impeding the students learning?)	
Language Concerns (Identify difficulties and/or areas in which student is not making adequate progress.)	
Classroom Interventions and Strategies Implemented: (What interventions have you attempted in addressing the area of concern?) If related to behavior, refer to Behavior Instruction and Intervention Tier 1 Supports Inventory.	
Intervention Frequency and Duration: (When did the intervention begin? How long was it implemented? How often was it provided? Example: Intervention began October 1 st , it was implemented for four weeks and it was provided once a week for 30 minutes.	



Outcomes: (How did the student respond? What progress was observed?)	
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Additional Relevant Information (Where the behavior occurs, relevant social/emotional information, academic history, health concerns, etc):

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What, specifically, do you want the student to learn or be able to do?

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Evidence Reviewed: (Please check as appropriate)

Academic:

- School Readiness (formative and summative)
- Curriculum based-measures
- Student Work Samples
- Evidence of Classroom strategies
- Observation data
- Attendance
- Other: _____

Behavior:

- Evidence of behavior strategies (sticker charts, etc.)
- Behavior data
- Attendance
- Student or parent interview info
- Observation data
- Other: _____