

*******CONFIDENTIAL*******

**Westlake High School Intervention Assistance Team
Teacher Referral Form**

Student: _____ Grade Level: _____
Referring Teacher: _____ Referral Date: _____
Subject Area: _____

Mandatory Teacher-Based Interventions Prior to Referral:

_____ **Teacher conference with student regarding concern**
Date: _____
Description: _____
Results: _____

_____ **Parent notification of concern**
Date: _____
Description: _____
Results: _____

_____ **Interventions attempted with student**
Date: _____
Description: _____
Results: _____

Areas of Concern in Classroom Performance

Please mark all that apply:

- | | |
|---|--|
| _____ Slow work completion rate | _____ Excessive extracurricular commitments |
| _____ Difficulty following oral directions | _____ Sleeping in class/ Appears tired |
| _____ Difficulty following written directions | _____ Difficulty in reading/ writing |
| _____ Failure to complete written assignments | _____ Cannot work independently |
| _____ Difficulty organizing work/time | _____ Difficulty in mathematical conceptualization |
| _____ Always behind in class | _____ Poor hygiene |
| _____ Unprepared for class | _____ Sporadic attendance/ regular tardiness |
| _____ Inconsistent performance | _____ Skips class frequently |
| _____ Failure to perform to potential | _____ Requires repetition for new tasks |
| _____ Short attention span | _____ Depressed/ Withdrawn |
| _____ Hyperactive/ Fidgety | _____ Angry/ Aggressive |
| _____ Poor relationships with peers | _____ OTHER (please specify) |
| _____ Defiant attitude | _____ |

-----**FOR OFFICE USE**-----

Date Received: _____ IAT Scheduled: _____

Teachers Notified: _____

