

**FSM DEPARTMENT OF EDUCATION – Response to Intervention (RTI)**

**Child Assistance Team – School Referral Form**

This form should be used by teachers or other concerned individuals in school to refer a child to the Child Assistance Team. The Referral Form should be completed and delivered to the Principal.

<b>Name of Teacher:</b>	<b>School:</b>		
<b>Name of Student:</b>	<b>Grade:</b>	<b>DOB:</b>	<b>Date:</b>

**Screening Information:** Based on the screening information gathered, the student meets the following criteria for referral to the CAT. Attach appropriate documentation.

Criteria 1 – Special Education Evaluation       Criteria 2 – Refer for Intervention Plan

Criteria 3 – Special Education Evaluation       Criteria 5 – Special Education Evaluation

Criteria 6 – Experiencing Other Concerns (see attached checklist)

**Summary of Concerns:** Please check the areas of concern. Please attach any further documentation of your concerns.

<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Health (Physical/Motor)
<input type="checkbox"/> Intellectual/Cognitive	<input type="checkbox"/> Academic Achievement	<input type="checkbox"/> Speech and Language
<input type="checkbox"/> Vocational	<input type="checkbox"/> Adaptive Behavior	<input type="checkbox"/> Social Emotional

**Describe Concerns:** Please describe the areas of concern and what impact these will have on student learning at school. Please attach any further documentation of your concerns.

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**Summary Steps You Have Taken to Address the Concerns:** Please attach any documentation

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**Describe Goals:** Please describe what goals would be appropriate for this student

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<b>Referral Form Submitted by:</b>		
_____	_____	_____
Name	Title/Position	Date
_____		
Contact Information (Phone number and/or address)		

<b>Referral Form Received by:</b>		
_____	_____	_____
Name	Title/Position	Date