

Procedures for Completing CST Request

The individual referring the student should complete the Referral Form and Referral Checklist in its entirety and return to the CST coordinator in their building.

Suggestions for answering questions from Referral Form:

1. **Please identify area(s) of concern (Academic, Behavioral, Language, etc.) and specify student's current performance level in each of concern (Attach work samples and Referral Checklist)**

Describe the student's problem(s) as specifically as possible "cannot do the work" or "visual problems" are too general. One should specify what work the student cannot do, what essential skills the student is lacking, what specific skills the student has yet to master, etc. It is important to attach work samples, particularly those that depict problem areas.

2. **What would you like the student to be able to do that he/she does not do now?**

Specifically, what change(s) could be made that would make the student more able to learn in your classroom.

3. **What do you see as this student's strengths?**

Every individual has some areas (s) of strength or relative strength. These strengths can be of considerable importance in determining teaching techniques that will be successful with the student.

4. **Attendance**

Please don't forget to note the number of days absent from your class.

5. **What interventions have been attempted?**

Complete the referral checklist worksheet. Check those intervention strategies that have been tried prior to this referral. Note how long these interventions have been tried and what the results were. In the academic areas that are appropriate to the subjects that you teach, rate this student's level of performance in comparison with his/her classmates. Wherever possible, estimate the grade level at which this student is performing in each of the specified areas.

6. **Comments**

Note any comments on the sheet. Use the other side if desired.

**Narragansett Regional School District
CST Meeting Referral Form**

Student: _____ DOB _____ Grade: _____

Parent Name (s) _____

Address: _____ Phone _____

Person Referring: _____ Title: _____ Date: _____

Parent notified by team on date (s) _____

Method of Parent Notification: Written Notice Phone Conference Other

Please Indicate Priority: Emergency Referral Routine Referral

Please Indicate Student History:

Retained in Grade History of Excessive Absences (How many?)

History of Tardiness History of Discipline

History of Medical Issues, Please Specify _____

Other, Please Specify _____

Has student previously been evaluated by Special Education? Date of evaluation _____

1. Please identify area(s) of concern (Academic, Behavioral, Language, etc.) and specify student's current performance level in each of concern (Attach work samples and Referral Checklist)

2. What would you like the student to be able to do that he/she does not do now?

3. What do you perceive as this student's strengths?

4. MCAS scores:

What support(s) are you requesting? Brainstorm additional classroom strategies/ interventions.

CONSULTATION SERVICES/SCREENING:

Literacy Specialist Speech/Language Clinician Counselor

Physical Therapist Title I Staff Psychologist

Occupational Therapist Vision Specialist Behavior Consultant

Assistive Technologist Other _____

**Narragansett Regional School District
CST Meeting Referral Form**

NAME: _____ DATE: _____

Based on your observation, please evaluate the student in comparison to other students in the same grade by checking problems frequently observed.

LISTENING COMPREHENSION

- Difficulty understanding spoken language
- Difficulty following verbal directions

VISUAL MOTOR COORDINATION

- Difficulty performing small motor tasks
- Difficulty performing paper/pencil tasks
- Difficulty copying from the board

ORAL EXPRESSION

- Difficulty expressing thoughts and ideas
- Limited Speaking Vocabulary

ATTENTION/ORGANIZATION/ACTIVITY

- Difficulty beginning a task
- Difficulty maintaining attention
- Easily distracted
- Losing or forgetting work and/or materials
- Difficulty with organization
- Difficulty competing tasks
- Difficulty adjusting to changes in routine
- High level of activity
- Low level of activity

READING

- Difficulty with letter/word recognition
- Word guessing
- Slow, constant sounding out of words
- Difficulty with comprehension (factual, critical)

WRITTEN EXPRESSION

- Difficulty with spelling
- Difficulty with writing speed
- Difficulty completing written work
- Difficulty with punctuation
- Difficulty writing a sentence
- Difficulty organizing sentences and ideas into meaningful paragraphs

SOCIAL/EMOTIONAL

- Lack of motivation
- Lack of self-control
- Frustrating behaviors evidenced
- Displays sudden changes in mood
- Demonstrates inconsistency in performance
- Requires constant approval
- Interrupts and distracts class activities
- Displays aggressive behavior toward others
- Displays shy or withdrawn behavior
- Difficulty making and keeping friends
- Difficulty accepting responsibility for own behavior
- Cries frequently
- Is easily influenced by others

MATHEMATICS

- Difficulty with number recognition
- Difficulty with number concepts
- Difficulty with basic operations
- Addition Multiplication
- Subtraction Division
- Difficulty understanding place value
- Difficulty solving word problems

DISCRIMINATION

- Difficulty discriminating letter symbols
- Difficulty discriminating letter sounds

SPEECH

- Stutters when speaking
- Difficulty articulating speech sounds
- Displays unusual voice quality

MEMORY

- Difficulty remembering what is seen
- Difficulty remembering what is heard
- Difficulty retaining information over a period of time

Please rate the student's level of functioning as compared to other classmates and indicate grade level if known:

	Above Average	Average	Below Average	Estimated Grade Level
Listening Comprehension	_____	_____	_____	_____
Oral expression	_____	_____	_____	_____
Basic reading skills	_____	_____	_____	_____
Reading comprehension	_____	_____	_____	_____
Math computation	_____	_____	_____	_____
Math problem solving	_____	_____	_____	_____

MCAS Scores _____

INTERVENTIONS YOU (THE TEACHER) HAVE TRIED:

INTERVENTIONS	HOW LONG	RESULTS
Change of seating		
Change of groups		
Have student restate directions		
Oral vs. written reports/tests		
1:1 instruction		
After school help		
Tutoring (teacher/parent/peer)		
Use of organizational charts		
Reduction of work assignments		
Modification of worksheets		
Kept after school / during recess		
Reward system		
Modification of materials/ presentation		
Change in test/ materials		
Student conference		
Note/ Call to parents		
Parent conference		
Consultation with specialists		
Behavior management techniques		
Other (please list)		

Classroom/student impact of intervention (s) (Teacher rates + or -):

Data collection (Please attach):

- Curriculum Based Assessment Record Review Work Samples
 Observation Interview (s)