

# SST REFERRAL FORM

(completed prior to the SST meeting)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ MARSS #: \_\_\_\_\_  
 Parent(s): \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Person Referring: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Reason for Referral/Primary Concern:**

Academic       Behavioral       Emotional       Other: \_\_\_\_\_

Please describe the specific concerns prompting this referral. List any academic, social, emotional or medical factors that negatively impact the student's performance.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How does this student's academic skills and behavior compare to those of an average student in your classroom?

\_\_\_\_\_  
 \_\_\_\_\_

In what setting/situations does the problem occur most often / interfere the most?

\_\_\_\_\_  
 \_\_\_\_\_

What interventions have you tried and what was the outcome of those interventions?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Baseline data (where is the student currently functioning in regard to desired outcome?)

Measure	Date Administered	Student Performance	Expected Perf./Target

What are the student's strengths, talents or specific interests?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list the date(s) of contact with parents regarding this issue and summarize that communication: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Other relevant information from cum file: \_\_\_\_\_

\_\_\_\_\_