

Date received by EST Chair _____

REFERRAL FOR EDUCATIONAL SUPPORT TEAM

Student Name: _____
Referring Person _____
Parents' Name _____

D. O. B. _____
Grade _____

Prior to making a referral, please be sure these questions have been addressed.

Have you contacted the parents? _____

Have you mailed home an EST brochure? _____

Have you invited the parent/guardian to the EST meeting? _____

Have you asked the parents what their concerns are? _____

Have you consulted last years teacher? _____

Have you met with the student to discuss your concerns? _____

What interventions/strategies have you tried for this student?

Describe areas of concern:

Describe the student's strengths and weakness:

List any relevant background information and history (i.e., testing scores, schools attended, absences, grades repeated, etc.)

Is this student currently receiving recommended services in any of the following:

Title One Reading _____
Special Education _____
Guidance _____

Title One Math _____
Speech/Language _____

If so, briefly describe these services:

Would like another staff member to attend this meeting? _____

Whom would you like? _____

Would you like an EST member or someone else to observe this student prior to the meeting? _____ Whom? _____

Medical Data

Hearing Screen Date _____ Results _____

Vision Screen Date _____ Results _____

List any other significant physical or medical information (i.e., seizures, allergies medications, etc.)

Referring Staff Member Signature _____

Student Support Teacher's Signature _____
(This signature is required)

Date of first EST meeting _____

Date of Follow-up Meeting _____

Additional Comments