**New Paltz Middle School**

**IST Referral Form**

IST MISSION STATEMENT: The Instructional Support Team is a resource for teachers.

Its mission is to collectively suggest ways teachers can help students improve academically and/or behaviorally through a multidisciplinary approach.

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_**

Grade:\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_ Referred by:\_\_\_\_\_\_\_\_

Is this student an English Language Learner? \_\_\_yes\_\_\_no

1. Areas of Concern: (Please mark any that apply)

**Academic Issues:**

Reading:

\_\_\_Weak literal comprehension

\_\_\_Weak Vocabulary

\_\_\_Difficulty with phonics (omits, adds, substitutes, reverses letters, words or sounds when reading)

\_\_\_Difficulty with fluency

\_\_\_Reads below grade level

Writing:

\_\_\_Difficulty with organizing written work

\_\_\_Difficulty with mechanics of writing

\_\_\_Difficulty with spelling

\_\_\_Difficulty with written expression

Language:

\_\_\_Difficulty expressing ideas verbally

\_\_\_Needs questions or directions repeated

\_\_\_Difficulty understanding abstract concepts

Math:

\_\_\_Difficulty memorizing facts

\_\_\_Weak calculation skills

\_\_\_Difficulty applying math skills to word problems

\_\_\_Difficulty following math procedures/ steps

**Behavioral Issues:**

\_\_\_Distractibility

\_\_\_Impulsivity

\_\_\_Social skills

\_\_\_Non-compliance

\_\_\_Aggression

\_\_\_Insubordination

\_\_\_Withdraws from classroom activities

\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Psychosocial or Mental Health Concerns:**

\_\_\_Suspected Drug/Alcohol Abuse \_\_\_Depression

\_\_\_Suicidal thoughts/ideations \_\_\_Self-injurious behaviors

\_\_\_Grief \_\_\_Self Esteem

\_\_\_Anxiety \_\_\_Potential Dropout

\_\_\_Peer difficulties \_\_\_New student having trouble with adjustment

\_\_\_Pregnancy \_\_\_Avoidance

**Organization:**

\_\_\_Does assignments/cannot find them

\_\_\_Does not write down assignments

\_\_\_Does not complete prep tasks

\_\_\_Comes to class without materials

**Health Concerns**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attendance:** \_\_\_\_\_Frequently Absent \_\_\_\_ Frequently Tardy \_\_\_\_\_ Leaves class/school Early

2**. Strengths:**

(Please check all that apply)

\_\_\_Organized \_\_\_Math

\_\_\_Good Study skills \_\_\_Good Writing Skills

\_\_\_Friendly \_\_\_Reading

\_\_\_Cooperative \_\_\_Good Verbal Skills

\_\_\_Kind \_\_\_Artistic

\_\_\_Musical \_\_\_Athletic

\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are there certain activities that the student prefers to do/tends to excel at?

Procedural Check List:

When was contact made with the parent/guardian to discuss your concerns? \_\_\_/\_\_\_\_\_/\_\_\_\_

What was the parent’s feedback?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did you inform the parent that you would be referring the student to IST? \_\_\_\_\_Yes\_\_\_\_\_\_No

5. An administrator, classroom teacher and special education teacher will be present. Please indicate on the following list any other support staff you would like present.

\_\_\_\_\_\_\_\_\_\_ Remedial Reading

\_\_\_\_\_\_\_\_\_\_ Speech Therapist

\_\_\_\_\_\_\_\_\_\_ ESL Teacher

\_\_\_\_\_\_\_\_\_\_ Occupational Therapist

\_\_\_\_\_\_\_\_\_\_ School Social Worker

\_\_\_\_\_\_\_\_\_\_\_School Counselor

\_\_\_\_\_\_\_\_\_\_ School Psychologist

\_\_\_\_\_\_\_\_\_\_ School Nurse

\_\_\_\_\_\_\_\_\_\_ Additional Classroom Teacher

\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please indicate any of the above staff with whom you have consulted, if any: \_\_\_\_\_\_\_\_\_

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

6. What measures have you taken to assist the student? (Please describe at least 3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Specific Strategies Implemented****Tier I** | **Frequency and duration** | **Beginning Performance** | **Ending Performance** |
|  | Small group instructionTargeted intervention based on similar needs |  |  |  |
|  | * 1. Instruction 1-2

Targeted intervention based on similar needs |  |  |  |
|  | Preferential seating |  |  |  |
|  | Graphic Organizers |  |  |  |
|  | Peer Tutor/Youth Center Tutor |  |  |  |
|  | Positive Reinforcement |  |  |  |
|  | Behavioral Consultation/Strategies  |  |  |  |
|  | Behavior Intervention Plan/Contract |  |  |  |
|  | Breaking down tasks |  |  |  |
|  | Copy of class notes |  |  |  |
|  | Classwork/Prep task modification |  |  |  |
|  | Test Modification |  |  |  |
|  | Repeating directions/paraphrasing |  |  |  |
|  | Presenting information through different modes, verbally, visually) |  |  |  |
|  | After School Help |  |  |  |
|  | Use of technologyPlease Specify: |  |  |  |
|  | GOAL assigned |  |  |  |
|  | Parental Contact |  |  |  |
|  | Other (describe): |  |  |  |

7. What additional school and/or community resources have been used to assist this student?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Support Service** | **Frequency** | **Comments** |
|  | Reading Literacy |  |  |
|  | Writing Workshop |  |  |
|  | Math Literacy |  |  |
|  | Supportive Counseling |  |  |
|  | Social Group |  |  |
|  | OT/Sensory support |  |  |
|  | Reading Software |  |  |
|  | Mandatory GOAL |  |  |
|  | Summer School |  |  |
|  | Outside Tutoring |  |  |
|  | Speech and Language Services |  |  |
|  | Community Resources (list): |  |  |
|  | Other (describe): |  |  |

--------------------------TO BE COMPLETED BY INSTRUCTIONAL STUDY TEAM------------------------

**INSTRUCTIONAL STUDY TEAM PLAN**

**Date:**

**Is this a revisit?**

**Does this case need to be revisited? YES\_\_\_\_\_ NO\_\_\_\_\_**

**If yes, the revisit date will be:**

**Members Present:**

**Background Information:**

**Student Needs/Goals:**

**Strategies to accomplish these goals**

\* Person taking IST minutes, please initial here: \_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intervention** | **Implementation****Who? Where?** | **Frequency** | **Time Frame** | **Start Date** | **Progress Documentation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**IST Liaison\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check-in date\_\_\_\_\_\_**