

Date: _____

WARE COUNTY SCHOOL SYSTEM
Response-to-Intervention & Student Support Team
Preschool Referral to Response-to-Intervention Team

Student		Date of Birth	
School		Teacher	

I am requesting that _____ be referred to the Response-to-Intervention Team for review of his/her educational program. This review is requested due to concerns in the following area(s):

Primary area(s) of concern (check all that apply):

General Development		Speech/Language	
Pre-Academic		Phonological Awareness	
Behavior		Social-Emotional	
Other (Describe below)			

Other relevant information:

What strategies and interventions have been attempted prior to this referral?

Have vision and hearing been screened? _____ If so, were both passed? _____ If not, what is being done for follow-up? _____

What is the student's home language? _____

Has the student experienced recent psychosocial trauma? _____ If so, please describe:

Is the student attending a preschool program? _____ If so, what is the name of the program? _____

If a parent is making this request, has the student's teacher indicated any concerns about the student? _____ If yes, what are those concerns? _____

If a teacher is making this request, have concerns been discussed with the student's parent? _____ What was the outcome? _____

Signature

Date Completed