



Bristol Virginia Public Schools

Date Initial Referral Received _____

Date of Child Study Meeting _____

Name of Person Making Referral: _____

Evidence of Student Concerns – Child Study Team Meeting

Name of Student: _____ Teacher: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____ Race: _____

Address: _____ Home Phone: _____

Parent/Guardian: _____ Work Phone: _____

Attendance: Absences _____ Tardies _____ Is attendance a concern? _____

Previous Retention? Yes No

Former Schools: _____

Cumulative record has been reviewed? Yes No

First Language if other than English: _____

Is the child currently in any special programs?

SPED

ELL/ESL

Title 1

Other (please describe)

Speech

Bi-lingual

Reading Support (e.g., Fast ForWord)

Gifted

School Counseling

Parents have been contacted regarding concerns? Yes No

Does parent see concerns? Yes No

Reason for referral:

Background Information (if known):

	Attendance problems		Lives with someone other than parent:
	Latch-key child		Child discusses concerns about home:
	Group or foster home		Known medical problems:
	Death in immediate family		Previously referred
	Divorce or separation		Previously involved with counseling
	Unemployment		Currently involved with counseling
	Single-parent household		Involvement with community agency
	Takes medication (please list)		

Use the space below for additional comments (home structure/routine, siblings, etc.)

Please check specific areas listed below that reflect current concerns regarding this student's performance, behavior and health:

- Frequently absent due to illness

Records indicate the following known medical problems: _____

Is receiving medication? What? Why? _____

Are there nutritional concerns? If so, what? _____

What is the current state of hygiene? _____ healthful _____ unhealthful

Vision

Hearing

Other concerns in health area: _____

Home supervision/care: _____

History of Concerns (include Child Study Team dates, goals, outcomes)

General Concern(s):

Interventions currently in place:

Intervention	Amount of time per day/week	Teacher responsible

Academic Performance

READING

Present Instructional Level:

Strengths:

Needs:

MATH

Present Instructional Level:

Strengths:

Needs:

WRITTEN LANGUAGE

Present Instructional Level:

Strengths:

Needs:

LANGUAGE FUNCTION

Difficulty	Comments
Has difficulty understanding directions, questions and commands	
Is unable to verbally express thoughts and feelings	
Has difficulty formulating sentences	
Appears to have confusion between dominant and secondary language	
Has difficulty remembering material	
Has difficulty with material presented visually	
Has difficulty remembering material presented verbally	
Has poor listening skills	
Speech (articulation, fluency, voice disorder)	
Other concerns in this area	

MOTOR ABILITY

Difficulty	Comments
Difficulty with handwriting and/or printing	
Difficulty with copying from the board accurately	
Difficulty in eye-hand movements (cutting, drawing, catching)	
Difficulty performing large muscle activities (run, jump, throw)	
Reversals in reading and/or writing	
Difficulty tracking	
Poor balance, clumsy, poor posture	
Excessive motor activity (tapping, humming, etc.)	
Other concerns in this area	

ACHIEVEMENT

Difficulty	Comments
Appears to have average to above-average ability	
Appears to have below-average mental ability	
Appears to be gifted	
Appears to be a discrepancy between mental ability and achievement	
Other concerns in this area	

SOCIAL EMOTIONAL STATUS

Difficulty	Comments
Inadequate self-concept	
Difficulty with peer relationships	
Behavior: withdrawn impulsive resists authority highly anxious acting out/aggressive overly restless destructive easily distracted poor anger control	