

Please mark modifications used to meet the needs within the classroom:			
Reading/Writing	Math	Behavioral	Assessment / Environmental
<input type="checkbox"/> Peer/Volunt Asst.	<input type="checkbox"/> Longer wait time	<input type="checkbox"/> Behavior contract	<input type="checkbox"/> Taped/Oral Testing
<input type="checkbox"/> Repeat Directions	<input type="checkbox"/> Peer to read problem	<input type="checkbox"/> Consult appropriate Specialist	<input type="checkbox"/> Flexible Seating
<input type="checkbox"/> Visual/Audio Prompts	<input type="checkbox"/> Paraphrasing	<input type="checkbox"/> Time Out/Isolation	<input type="checkbox"/> Modify Test format
<input type="checkbox"/> Small Group Instruct	<input type="checkbox"/> Student describes what/how/why	<input type="checkbox"/> Schedule Change	<input type="checkbox"/> Abbreviated Assignments
<input type="checkbox"/> Abbrev Assignments	<input type="checkbox"/> Read problem silently first to identify operations	<input type="checkbox"/> Self Monitoring/Self Evaluation	<input type="checkbox"/> Additional Time for Testing
<input type="checkbox"/> Making Words	<input type="checkbox"/> Underline key words	<input type="checkbox"/> Provide Choices	<input type="checkbox"/> Enlarged print
<input type="checkbox"/> Graphic Organizers	<input type="checkbox"/> Study math symbols	<input type="checkbox"/> Make Clear Rules and consequences	<input type="checkbox"/> Overlay Bookmarks
<input type="checkbox"/> Overlay Bookmarks	<input type="checkbox"/> Color-code math steps in order	<input type="checkbox"/> Ignore Undesirable Behavior	<input type="checkbox"/> Modify Criteria for Success
<input type="checkbox"/> Alt. Night Readers Fluency	<input type="checkbox"/> Use manipulatives	Other:	<input type="checkbox"/> Test for Mastery (pre/post)
<input type="checkbox"/> Alt/ Audit Materials	<input type="checkbox"/> Have student check on board		<input type="checkbox"/> Define steps for task completion
<input type="checkbox"/> Add PA Activities	<input type="checkbox"/> Collaborative work		<input type="checkbox"/> Model skills/strategies
<input type="checkbox"/> Build high Frequency Word Bank	<input type="checkbox"/> Computer Software for practice		<input type="checkbox"/> Phys. Facility Modifications
<input type="checkbox"/> Model Reading Expository Text	<input type="checkbox"/> Permit use of calculator		<input type="checkbox"/> Request parental monitoring of HW
<input type="checkbox"/> Taped Readings	<input type="checkbox"/> Memorize basic facts in sets (flashcards)		<input type="checkbox"/> Maintain Assignment Book
<input type="checkbox"/> Accept typed/comptr/dictated assignments	<input type="checkbox"/> Timed drills		Other:
<input type="checkbox"/> Allow Cursive or Print Letter ID	Other:		
<input type="checkbox"/> Extra Time			
Additional Information:			

Parental Involvement: _____

The following interventions are recommended by the Intervention Team to be further documented.

**Jefferson County Schools
Parent Referral to Intervention Team**

Social Security Number: _____

Student: _____ Date of Birth: _____

School: _____ Teacher: _____

Parent/Guardian: _____

Address: _____

Phone (Home) _____ (Work) _____

I am requesting that _____ be referred to the School Intervention Team for review of the educational program. The review is requested because (please include behaviors observed at home, academic strengths/weaknesses noted during homework completion, strategies attempted to correct the problem at home and in conjunction with the classroom teacher(s):

Has the classroom teacher indicated concerns about your child's academic performance?

Yes

No

If YES, please explain:

What classroom instructional strategies do you think would help your child?

Has your child had any previous evaluations? _____ If yes, does the school have a copy of that evaluation? _____ Who did the evaluation? _____

Please describe any significant factors (developmental, medical or situational) you feel may impact your child's ability to benefit from current educational program:

Signature: _____

Date Received by School: _____