

## Record of Pre-referral Intervention

To be completed by the classroom/subject teacher to record all interventions.

### Background Information

<b>Student Name:</b>	<b>School Name and ID #</b>
<b>Date of Birth:</b>	<b>Grade:</b>
<b>Parent(s)/Guardian(s):</b>	<b>Date pre-referral initiated:</b>

### Data for Initiation of Pre-referral

Document and analyze the student's achievement and social-emotional learning data as they enter the pre-referral process. Determine the focus area of the interventions.		
<b>Date</b>	<b>Summary of Data</b>	<b>Focus Area</b>

Document and analyze the student's achievement and social-emotional learning data as they enter the pre-referral process. Determine the focus area of the interventions.

Date	Summary of Data	Focus Area

Has a vision screening been completed?      Yes ☐ No ☐ If yes, please attach.

Has a hearing screening been completed?      Yes ☐ No ☐ If yes, please attach.

Educators consulted during the pre-referral process:

- ☐ Speech-Language Pathologist      ☐ Guidance Counsellor  
☐ Instructional Resource Teacher      ☐ Other \_\_\_\_\_

## Record of Pre-Referral

Record adjustments to classroom instruction and evaluation based on focus area and in response to the student's progress.		
Interventions	Date	Assessment for Learning
<b>Focus Area:</b>  <b>What did the teacher do?</b>  <b>What are the next steps?</b>		<b>Did it work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the evidence?</b>
<b>Focus Area:</b>  <b>What the teacher do?</b>  <b>What are the next steps?</b>		<b>Did it work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the evidence?</b>
<b>Focus Area:</b>  <b>What did the teacher do?</b>  <b>What are the next steps?</b>		<b>Did it work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the evidence?</b>
<b>Focus Area:</b>  <b>What did the teacher do?</b>  <b>What are the next steps?</b>		<b>Did it work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>What is the evidence?</b>

## Service Delivery Team

Has the Service Delivery Team been previously consulted regarding this student?

Yes ☐ No ☐

For Service Delivery Team Use Only	
Notes:	Recommendations:

**Note:** The parent/guardian is informed of these interventions through parent-teacher interactions (e.g., phone calls, notes sent home, parent- teacher interviews). This record of strategies will be kept in the student's cumulative file.

Parent/Guardian Signature: _____	
Date: _____	
Signature not obtained. Parent/Guardian informed by (telephone, note home, etc.) _____ on (date) _____	
Teacher signature(s): _____	Date: _____
_____	Date: _____