# Record of Pre-referral Intervention

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

# Background Information

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| **Student Name:** hdh | **School Name and ID #**  Click or tap here to enter text. |
| **Date of Birth:** Click or tap to enter a date. | **Grade:** Click or tap here to enter text.  |
| **Parent(s)/Guardian(s):** Click or tap here to enter text. | **Date pre-referral initiated:** Click or tap to enter a date. |

**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. |
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| **Date**  |  **Summary of Data**  |  **Focus** **Area** |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap to enter a date. | Click or tap here to enter text. | Click or tap here to enter text. |

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: Click or tap here to enter text.

[ ] Speech-Language Pathologist [ ] Guidance Counsellor

[ ] ​Instructional Resource Teacher [ ] Other Click or tap here to enter text.

**Record of Pre-Referral**

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| Record adjustments to classroom instruction and evaluation based on focus area and in response to the student’s progress. |
|  ​**Interventions**  | **Date**  | **Assessment for Learning**  |
| **Focus Area:**​ Click or tap here to enter text.**What did the teacher do?**Click or tap here to enter text.**What are the next steps?**Click or tap here to enter text. | Click or tap to enter a date. | **Did it work?** [ ] **Yes** [ ] **No** **What is the evidence?**      Click or tap here to enter text. |
| **Focus Area:**​ Click or tap here to enter text.**What the teacher do?**Click or tap here to enter text.**What are the next steps?**Click or tap here to enter text. | Click or tap to enter a date. | **Did it work?** [ ] **Yes** [ ] **No** **What is the evidence?**   Click or tap here to enter text.      |

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| **Focus Area:**​ Click or tap here to enter text.**What did the teacher do?**Click or tap here to enter text.**What are the next steps?**Click or tap here to enter text. | Click or tap to enter a date. | **Did it work?** [ ] **Yes** [ ] **No** **What is the evidence?**        Click or tap here to enter text. |
| **Focus Area:**​ Click or tap here to enter text.**What did the teacher do?**Click or tap here to enter text.**What are the next steps?**Click or tap here to enter text. | Click or tap to enter a date. | **Did it work?** [ ] **Yes** [ ] **No** **What is the evidence?** Click or tap here to enter text.        |

**Service Delivery Team**

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

Yes [ ] No [ ]

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| For Service Delivery Team Use Only |
| Notes:Click or tap here to enter text. | Recommendations:Click or tap here to enter text. |

**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.

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| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​ Date: Click or tap to enter a date. Signature not obtained. Parent/Guardian informed by​ ​(telephone, note home, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on (date) Click or tap to enter a date.Teacher signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Click or tap to enter a date.     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:  Click or tap to enter a date. |