# 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. |
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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. |