

Record of Pre-referral Intervention

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

Background Information

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

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.		
Date	Summary of Data	Focus Area

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

(Copy this page as required.)

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
Focus Area:		Did it work? <input type="checkbox"/> Yes <input type="checkbox"/> No
What did the teacher do?		What is the evidence?
What are the next steps?		

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: _____