Hillside Elementary School
Problem Solving Team Referral

Please check off the items below as you complete them. Submit this cover sheet along with your referral.

Student _________________________________       Teacher _________________________________

Date ___________________________      Grade _______ __________

☐ Notify parents/guardians that you have requested an PST meeting.

☐ Speak to the student’s prior teacher/s to gather information about the child’s past performance and services (see Summary of Services on pg. 4).

☐ Invite to the meeting anyone in addition to the Team who could provide additional insight into this student.

☐ Use the attached sheets to elicit comments from other personnel who are currently working with the student.

☐ Review the student’s permanent record file and bring it to the PST meeting.

☐ Review current assessments (e.g., F&P, DIBELS, Math, Writing, etc.) and bring them to the PST meeting.

☐ Bring evidence of attempted interventions and of progress monitoring.

☐ Complete the attached form in its entirety and submit it with this cover sheet to Laura Sullivan.
Student’s Name ___________________________________________ Date _________________________
DOB________________________________________________________________________ Age __________________________
Parent/Guardian ____________________________________________________________ Grade _________________________
Language used at home________________________________________________________ Teacher _______________________
Referred By _________________________________________________________________

Briefly describe the student’s strengths (social-emotional, interpersonal, math, language, reading, visual, kinesthetic, musical, other).

Briefly describe the area(s) in which this student needs support and/or accommodation(s):

List pertinent background information and/or issues that may be contributing factors:

What do you believe could be a cause of this student’s challenges?
Please check the areas that best describe this student’s behaviors:

- Attentive
- Talks out of turn
- Attention seeking
- Fighting
- Shy/timid
- Does not make friends
- Worried/seems anxious
- Fearful
- Depends too much on others
- Motivated
- Disruptive in class
- Cooperative
- On task (always, sometimes, never)

Please check all areas in which the student appears to be experiencing difficulties:

- Writing
- Far/Near Point Copying
- Handwriting
- Spatial Organizations
- Following Directions
- Math
- Basic Concepts
- Problem Solving
- Computation
- Listening Skills
- Organization
- Hand-Eye Coordination
- Other (list)______________________

What in-classroom techniques have been implemented to address this student’s stated problem(s)?

- Materials Modification
- Behavior Contract
- Cooperative Learning
- Environmental Modifications
- Rewards/Incentives
- Use of Assistant/Aide
- Rewards/Consequences
- Peer Instruction
- Self Esteem Activities
- Test Modifications
- Individual Instruction
- Other (list) ______________________
Please describe the interventions and instructional modifications that have been used to address this student’s areas of need. What were the outcomes of these interventions?

<table>
<thead>
<tr>
<th>Learning or Behavior Concern:</th>
<th>Interventions/Instructional Modifications Implemented</th>
<th>Intervention Date from to</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning or Behavior Concern:</th>
<th>Interventions/Instructional Modifications Implemented</th>
<th>Intervention Date from to</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning or Behavior Concern:</th>
<th>Interventions/Instructional Modifications Implemented</th>
<th>Intervention Date from to</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Summary of Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Year/s</th>
<th>Provider/s</th>
<th>Comments of Provider/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S&amp;L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Ed</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Please write a short statement for the PST reflecting ______________________________’s
performance and behavior in your class.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please return to ______________________________ by ____________________________

(Classroom teacher) (Date)