

Tier-2 Referral

Completed by the teacher or other school personnel



Student: _____ Grade: _____

Date: _____

Campus:-

_____ Teacher: _____

Name of Referring

Teacher _____

Academic Strengths and Weaknesses: Attach teacher observation form from all teachers

Background Information:

Home language: English Spanish Other

If Spanish is checked, please complete the following.

Educational Program: Bilingual Program Exited Bilingual If yes, what grade ___ LEP Parent Signed Waiver If yes, what grade:

Is student considered "at risk" Yes No Why is the student "at risk"? _____

1. Did not perform satisfactorily on a readiness test (PreK-3)
3. Was not advanced from one grade level to the next
4. Did not perform successfully on TAKS or SDAA the previous or current school year subsequently performed at a level equal to 110% of the level of satisfactory
6. Has been placed in an alternative education program during the preceding or current year.
10. Is a student of limited English proficiency (LEP)
11. Is in the custody or care of the Department of Protective and Regulatory services or has been referred to the department by a school official, officer of juvenile court, or law enforcement official
12. Is homeless
13. Resided in the preceding school year or resides in the current school year in residential placement facility in the district, including a detention facility, emergency shelter, psychiatric hospital, halfway house, or foster group home

Has the student been retained Yes No *If yes, specify grade level*_____

Has the student been suspended for disciplinary action this year? Yes No NA

***Attach TEAMS Student Discipline Report and Attendance Report**

Has student moved within the district?_____

Has student moved from another district?_____If so, when did the student enrolled in GCCISD?_____

Was the student in a special program in another district and if so, what program?_____

Academic Profile

Current grades: ***Attach a copy of current report card**

Is student working on grade level? Reading Yes No / Math Yes No

Current DRA 2 or ELD 2 Reading Level: _____Approximate Grade Equivalent_____

CURRENT assessment data:

GRADE 1 and 2 ***Attach District Testing Profile if available. If not, complete the chart below.**

1 st or 2 nd Grade	CBA 1	CBA 2	CBA 3	CBA 4
Reading				
Math				

GRADE 3-5 ***Attach School Net report for current and previous years which including TAKS, Reading, Math, Writing, and Science Benchmarks and current STAR reading level.**

Attachments

Documentation must be provided for each concern. Data will be used to assist the Rtl team in determining the most appropriate interventions for the student's success.

- All items from Rtl student folder
- Nurses Form
- Work samples
- Current report card and report card from previous 2 years
- Report from GCCISD data base
- TEAMS Attendance Report Card
- TEAMS Student Discipline Report
- TEAMS Testing Profile (if available)