

**SCHOOL BASED INTERVENTION TEAM  
REFERRAL INFORMATION**

Please answer each of the questions below so that we will be better prepared at the initial School Based Intervention Team meeting to talk with you about the needs of this student.

**General Information**-----

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_



*Begin the SBIT Referral Process and identify the Specific Areas of Need. (Step 1 of 5)*

<b>Please note the general area of concern:</b>	<b>Please describe the specific concern in this area.</b>
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**Teacher Comments:**

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Parent Notified of these concerns?  Yes  No

**Parent Concerns:**

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**How did the teacher try to resolve the problem(s)?**

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**Student Strengths:**

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**Current school based interventions, programs or assistance provided, if any:**

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**Formal and informal evaluation data (summary). Include comments on student functioning in the areas of reading, writing, math, organizational skills, social skills and life skills as compared to "average" same aged peers:**

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**Homebased, community or outside agency services provided (summary of services, dates and outcomes):**

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***Collect Additional Student Data for the SBIT Referral. (Step 2 of 5)***

***Attendance Information***-----

Date of enrollment: \_\_\_\_\_  
Days on roll: \_\_\_\_\_  
Days Absent: \_\_\_\_\_  
Number of Tardies: \_\_\_\_\_

***Grade Retention Information***-----

First date of Retention: \_\_\_\_\_  
First grade of Retention: \_\_\_\_\_  
Second date of Retention: \_\_\_\_\_  
Second Grade of Retention: \_\_\_\_\_

***Discipline Information***-----

**Summary of discipline problems:**

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Number of External Suspensions: \_\_\_\_\_  
Number of Internal Suspensions: \_\_\_\_\_

***Other Information***-----

**Any Pertinent Screening or Health Information:**

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**Review and Determine the Status of the SBIT Referral. (Step 3 of 5)**

**SBIT ACTION**-----

Check the appropriate SBIT Referral Status.

If this is a referral for a special education referral and pre-referral interventions have not been attempted and documented through the SBIT process, then select "SBIT Meeting is required".

- Check this box if an SBIT Meeting is required. (YES)
- Check this box if an SBIT Meeting is not required. (NO)
- Check this box if the student is to be exited from SBIT and referred back to a Tier 1 – Professional Learning Community.
- Check this box if pre-referral intervention / RTI data indicate a special education referral is required.
- Check this box if a 504 referral is required. (If this is a referral without prior SBIT, the Division Level 504 Coordinator was contacted and consulted prior to this referral.)
- Check this box if there are no documented pre-referral interventions / SBIT data collected prior to this referral, and a Special Education Coordinator was contacted and consulted prior to this referral

Enter the date the action was determined: \_\_\_\_\_

Justification for determination: \_\_\_\_\_



**Identify the SBIT Chair Person and Team Members. (Step 4 of 5)**

**SBIT Members**-----

SBIT Chair: \_\_\_\_\_

SBIT Members: \_\_\_\_\_



**Create the SBIT Parent Notice Letter. (Step 5 of 5)**

**SBIT Meeting**-----

Parent Guardian: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_

SBIT Meeting Date: \_\_\_\_\_

SBIT Meeting Location: \_\_\_\_\_

SBIT Meeting Time: \_\_\_\_\_

Meeting Reasons:

- Look at and/or review possible interventions to address issues your child is having at school.
- Review a referral for a Section 504 evaluation
- Review a referral for a Special Education evaluation

(Use the Above Information to complete written parent notification - 20.03)