RIVER VALLEY BUILDING INTERVENTION TEAM Referral

Date rec'd by BIT_____

Referring Teacher(s) _____ Site_____ Referral date _____

Student _____ DOB _____ Age _____ Grade _____ New to district? _____

Date cumulative file reviewed _____ Student ever retained ☐yes ☐no -- if yes, when _____ ever in Special Ed? ☐yes ☐no

Recent year test data: WKCE reading level_____ STAR: date / GE _____

WKCE math level _____ Other test results: (Plan, Explore, ACT, etc.) _____

_____

Comments & dates: (observations, consults w/ previous teacher(s) and / or SPED staff):

IMPORTANT: PLEASE attach copies of current grade and attendance report

Referring issue(s): ☐academic ☐social ☐emotional/behavior ☐absenteeism ☐medical ☐other _____

Briefly explain concern(s):

Known medical / emotional condition(s):

OTHER INFORMATION

Are prescribed vision aides worn? ☐yes ☐no If 'no' – why not?

Are prescribed hearing aides worn? ☐yes ☐no If 'no' – why not?

I've talked with site nurse re medication (type) _____
List any known side effects / impact on student:

Student has history of ear infections (may have to ask parent) ☐yes ☐no **if so, when?**

Student is habitually absent / truant ☐yes ☐no explain:

Student participates in off-site counseling with _____ how often?

Student participates in school counseling / group? ☐yes ☐no

Other: (ie: seizure disorder; sleep deprivation, family struggles, AODA concerns, diet, use of high-energy drinks, etc.)

Over – Triage Determination -- to be completed by site administrator and/or representative at Site BIT meeting

BIT TRIAGE DETERMINATION(s) - to be completed by BIT Administrator / representative

☐ Parent will be contacted on:_____ by: _____ ☐ Parent & site BIT meeting to be held on _____ Attendees: _____	☐ Site **SPED teacher** consult [name _____] **REASON:** ☐ Consult with District **ESL coordinator**
☐ Site Counselor / groups	☐ S&L and/or OT - consult -- referral (circle)
☐ School Psychologist will:	☐ School Site Nurse will:
☐ School Social Worker will:	☐ Behavior plan will be completed by: _____ On or before _____
☐ Title or after-school assistance – **be specific**	☐ "At-Risk" Program / GED Track – **be specific** with names / dates
Other:	Other

Reason(s) to Proceed Directly to: ☐ Tier 1 Interventions ☐ Tier 2 Intervention ☐ 504 evaluation ☐ SPED referral ☐ _____

_____

_____

_____

_____

Staff Responsible for: ☐ Tier 1 Interventions ☐ Tier 2 Intervention ☐ 504 evaluation ☐ SPED referral ☐ _____

_____

Copies to : _____