

BEACH HAVEN ELEMENTARY SCHOOL DISTRICT

STUDENT REFERRED TO CHILD STUDY TEAM FOR COMPREHENSIVE EVALUATION

(*Please complete all information requested and submit to your school principal for review*)

Date: _____

School: Beach Haven School

Teacher: _____

Grade: _____

Other Teachers or Professionals involved with the Student (e.g. Reading Recovery, Speech, Guidance):

Student's Name: _____ Student's DOB: _____

Student's Identification Number: _____

Source of Referral: Parent _____ Teacher _____ I&RS _____ Other _____

Parent(s) Name: _____

Address: _____ Town: _____ Zip: _____

Phone #(s): Home: (____) _____ - _____ Work:(____) _____ - _____ Cell:(____) _____ - _____

REASON FOR REFERRAL: (If written by parent, please attach to this form)

*INTERVENTION STRATEGIES (I&RS information may be attached, if applicable)

*RESULTS OF INTERVENTION STRATEGIES:

*OTHER INFORMATION/CONCERNS: (Please attach any additional support evidence)

Date Submitted to Principal for Review: _____ Principal Signature: _____

Submitted to CST, Date: _____ Additional Information Required Other: _____