

**Long County School System
Pyramid of Interventions Referral**

Name of Student: _____ School: _____ Grade: _____

Date of Birth: _____ GTID: _____

Please respond to each question and provide or attach additional information as indicated.

Yes No Did the student attend, or is the student currently attending, a preschool or Head Start program? If YES, name the program or school: _____ (Refer to Enrollment and Registration information)

Yes No Is this student age appropriate for his/her grade level? If NO, indicate which of the following apply:
Retained: Yes/No Specify Grade(s): _____
Started School Late: Yes/No
Homeschooled: Yes/No
Other (explain): _____

Yes No Is the student's hearing and vision within normal limits? (Attach copy of hearing and vision screening; documentation must be within one year)

Yes No Does this student have any health concerns or diagnosed disorders/syndromes? (If YES, attach copy of Background Information Form and Doctor's Report)

Yes No Does this student take daily medication? (If YES, [if not already completed] attach copy of Background Information Form and Doctor's Report)

Yes No Does this student have motor, coordination, or mobility needs? (If YES, attach completed Functional Motor Assessment)

Yes No Does this student have an articulation or language problem? (If YES, attach completed Speech and Language Assessment)

Yes No Has this student been referred for special education services before? (If YES, attach copy of Tier Four Ineligibility Summary)

Yes No Is the student's primary language English? (Refer to Long County School System Home Language Survey) If NO, answer the following questions:

Has the student been evaluated by the ESOL teacher? Yes/No If so, what were the results of the evaluation?

What ESOL services or supports have been provided (attach documentation)?

For the current school year, this student has _____ unexcused absences and _____ unexcused tardies to date. Attendance summaries for each school year that the student has been enrolled in the Long County Schools must be attached.

List all schools previously attended: _____

Referred by: _____

Date: _____
