

**THE FLORIDA STATE UNIVERSITY SCHOOLS  
PRE-REFERRAL INFORMATION**



Date \_\_\_\_\_

Completion date: \_\_\_\_\_

Student: \_\_\_\_\_ DOB \_\_\_\_\_ STUDENT NO. \_\_\_\_\_ SCHOOL: \_\_\_\_\_

A. Conference Date:	Problem Discussed	Participants
1. _____	_____	_____
2. _____	_____	_____

B. OBSERVATIONS: Please check those items frequently observed.	Date Beginning	Date Ending
1. Observer _____ Position _____ Duration _____		
2. Observer _____ Position _____ Duration _____		

#1	#2	
		Poor gross motor control
		Poor fine motor control
		Slow to react to and follow directions
		Reverses or confuses letters. words. numbers
		Frequently loses place when reading
		Difficulty staying on the line when writing
		Misinterprets verbal questions and directions
		Appears inattentive, easily distracted
		Poor understanding of vocabulary
		Difficulty following directions in sequence
		Difficulty expressing ideas
		Makes inappropriate responses to conversation and questions.

#1	#2	
		Works one grade level (or more) below in an academic subject.
		Performs inconsistently from day to day.
		Impulsive - talks out - difficulty waiting turn
		Low frustration tolerance
		Difficulty completing assignments
		Poor judgment in social and interpersonal relations
		Constantly seeks attention, especially from adults
		Leads, or joins others, in inappropriate behavior
		Withdrawn
		Short attention span, off-task
		Engages in destructive and/or aggressive behavior

C. REVIEW OF DATA : As appropriate, review the following data and place an X in the boxes.	YES	NO	N/A
1. Social data reviewed			
2. Psychological data reviewed			
3. Medical data reviewed			
4. Achievement data reviewed			
5. Attendance data reviewed			

D. NARRATIVE OBSERVATION:

#1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**E. INTERVENTIONS:**

- |                     |   |
|---------------------|---|
| Date _____ to _____ | 1. Change in curriculum                                 |
| Date _____ to _____ | 2. Change in level of instruction                       |
| Date _____ to _____ | 3. Change in student's schedule and/or teacher          |
| Date _____ to _____ | 4. Tutoring   |
| Date _____ to _____ | 5. Change in instructional techniques                   |
| Date _____ to _____ | 6. Interventions provided by student services personnel |
| Date _____ to _____ | 7. Behavior management program                          |
| Date _____ to _____ | 8. Community agency intervention                        |
| Date _____ to _____ | 9. Speech/Language Therapy                              |
| Date _____ to _____ | 10. PREP Preventive Strategies or Chapter I             |
| Date _____ to _____ | 11. Other _____   |

Interventions attempted were found to be ineffective in meeting student's educational needs.  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: