Teacher Referral Form – High School

Teacher Name _____ Date _____

Student Name _____ Grade _____

1. Based on the most recent state assessment, please rate how that student has scored

State Assessment	Advanced	Proficient	Partially Proficient	Novice
Reading/Language Arts				
Math				

2. Based on the most recent report card grades, this student has received a "C" or lower in the following subjects:

Subject _____ Grade _____ Subject _____ Grade _____

Subject _____ Grade _____ Subject _____ Grade _____

3. Has this student repeated a grade?

_____ Yes _____ No

4. Please indicate if this student has received an overall grade point average of less than 1.7.

_____ Yes _____ No

5. Where does this student rank overall?

_____ Top 1/3 _____ Middle 1/3 _____ Bottom 1/3

6 Please indicate if this student currently has an active IEP.

_____ No IEP _____ EH _____ LD _____ Speech Language

Final Score	Points
1. Enter one (1) point for each time the student scored *partially proficient or novice*.	_____
2. Enter one (1) point for each subject in which this student has received a "C" or lower.	_____
3. Yes = 1 point No = 0 points	_____
4. Yes = 1 point No = 0 points	_____
5. Top 1/3 = 0 points Middle 1/3 = 1 point Bottom 1/3 = 2 points	_____
5. NO POINTS AWARDED FOR THIS CRITERIA	N/A
Total Points	_____

A final score of ten (10) points or more results in a positive teacher referral.