

Teacher Referral Checklist for Title I

Teacher:	Grade:
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Student Name:	Date:
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1. Based on classroom assessments administered during the final 8 weeks of this school year, this student is scoring below the class average in the following areas:

Skill:	Indicate "yes" or "no"	If yes, indicate date and title of assessment
Word Recognition		
Comprehension		
Written Expression		
Vocabulary		
Story Skills (sequence, recall, plot, theme)		

2. Where does this student rank overall in your classroom? (Circle One)

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

3. Has this student repeated a grade?

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Final Score:

Column 1-- Enter 1 point for every "yes."	Column 2-- Top 1/3=0 pts. Middle 1/3=1 pt. Bottom 1/3=2 pts.	Column 3-- Yes=1 pt., No=0 pts.
TOTAL=		

A score of 5 or better results in a positive teacher referral. Check if student received a 5 or better and so is referred by you for Title I services.

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