

# Teacher Referral Form – Lower Elementary – Reading

Teacher Name \_\_\_\_\_

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

1. Based on classroom assessments, please indicate how this student is scoring in relation to the class average in the following areas.

Skill	Above Class Average	Below Class Average
Letter Recognition		
Retells stories from pictures		
Decides what happens next in a story		
Puts story events in order		
Follows words on a printed page from left to right		
Matches sounds to letters		
Says and finds rhyming words		
Names uppercase and lowercase letters		
Draws pictures to share information		
Forms letters correctly		
Uses periods and question marks		

2. Where does this student rank overall in your classroom?

\_\_\_\_\_ Top 1/3

\_\_\_\_\_ Middle 1/3

\_\_\_\_\_ Bottom 1/3

3. Would this student benefit from additional Title I instruction?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

## Final Score

## Points

1. Enter one (1) point for each time the student scored below class average.

2. Top 1/3 = 0 points

Middle 1/3 = 1 point

Bottom 1/3 = 2 points

3. Yes = 1 point

No = 0 points

## Total Points

A final score of seven (7) points or more results in a positive teacher referral.