

## Referral for Early Intervention Problem Identification

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Referring Staff Name/Position \_\_\_\_\_

School: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Have you reviewed student's Cum folder?  Yes  No

Has this student been referred to EIT before?  Yes  No Does student have 504 Plan?  Yes  No

Has the parent(s) been contacted regarding this student coming to the attention of the EIT?  Yes  No

Teacher Signature \_\_\_\_\_ Administrator Signature \_\_\_\_\_

1. What are the student's strengths/things that go well?
2. What are your greatest concern(s)?
3. Select a concern to focus on for problem solving:
4. What is the student's current performance level in regard to this problem, compared to what is expected at this time?
5. What seems to help or when does the problem occur less often?
6. Hypothesis: Can you think of any reason(s) the student is having this problem? (Possibilities: Hasn't spent enough time doing it; not enough help to do it; hasn't had to do it this way before; too hard; doesn't want to do it; attention seeking; escape/avoidance; lacks self-control; seeking power control; medical/physical; emotional)
7. Please list interventions which have already been tried, and outcomes: