Date of Referral: _____

Referral Received on:_____

Salem City Child Study Team

205 Walnut Street, Suite 407, Salem, NJ 08079

(856)-935-3800 ext. 4250; (856)-935-9141 (fax)

Referral Form for CST Evaluation (2021)

Student's Name:_____ Date of Birth: _____

Person making this referral: _____

School: ☐ John Fenwick Academy ☐ Salem Middle School ☐ Salem High School

Grade:_____ Teacher: _____

Grade(s) Repeated: _____Does Student Attend School Regularly?_____

I&RS: Circle one: Y / N

504 Plan: Circle one: Y / N

ESS: Circle one: Y / N

RTI: Circle one: Y / N Tier: _____

Reading Level (Grade Equivalent, Instrument Used, Date Assessed):

_____

Reason for Referral and main area(s) of concern (Include a description of the nature of the student's problems specifically where/when the problem occurs, how frequently, and the questions you want answered through this referral process):

_____

_____

_____

_____

Please list strengths and personal interests of the student:

_____

_____

_____

_____

Based on your observations, please indicate areas of concern.

Memory

_____ Difficulty retaining information over a period of time

Social/Emotional

_____ Easily frustrated

_____ Sudden mood/behavior changes during the day

_____ Seeks attention

_____ Aggressive towards others

_____ Shy or withdrawn

_____ Social difficulties

Attention/Organization/Activity

_____ Easily distracted

_____ Difficulty with organization

_____ Difficulty with completing tasks

_____ Difficulty with changes in routine

Reading

_____ Difficulty with decoding and basic reading skills

_____ Difficulty with comprehension

Listening Comprehension

_____ Difficulty understanding spoken language

_____ Difficulty following verbal directions

Oral Expression

_____ Difficulty expressing thoughts and ideas

_____ Limited speaking vocabulary

Mathematics

_____ Recalling math facts

Written Expression

_____ Difficulty completing written tasks

Other: _____

Formal Interventions taken prior to referral: N.J.A.C 6A:16-17 requires that "Intervention and Referral Services" be provided to pupils in the general education program who are experiencing difficulties in their classrooms."

If the student **has not** had I&RS or a 504 Plan, then list the interventions that have been utilized in the classroom. For example: alternative assessments, accommodations to homework/classwork, behavior modification program, organization or study skills instruction, alternative strategies/methods. Include timelines and relative merits of each intervention.

Intervention:	Duration/Timeline:	Outcome:

Has this problem been discussed with the parents? Circle one: Y / N If so, when?_____

Are parents aware referral is being made? Circle one: Y / N
Observations of parents:

_____

_____

_____

_____

_____

_____

To Be Completed by Principal:

Please use this space to comment on your contact with the child and parents. Please include any information you feel could be helpful to the Child Study Team in the consideration for referral.

_____

_____

_____

_____

_____

_____

Has this student experienced discipline problems requiring administrative involvement? Y / N
If yes, explain:

_____

_____

_____

Your perception of the seriousness of the student's demonstrated problem(s):

_____Very Serious _____Of Average Seriousness _____Not Serious

_____ _____

Principal's Signature & Date Director's Signature & Date