

PST (Progress Study Team) Referral Form

Student Name & Grade: _____

Staff Name & Course (if applicable): _____

Are you comfortable with the student knowing you made this referral? Yes // No

Reason for Referral:

- Academic
- AODA
- Behavior/Attendance
- Social/Emotional

Student Strengths:

Student Weaknesses:

OBSERVATION CHECKLIST

SPEECH & ORAL EXPRESSION

- Difficulty expressing thoughts
- Limited vocabulary
- Stutters
- Difficulty articulating speech

MEMORY

- Difficulty retaining information
- Difficulty remembering what is seen
- Difficulty remembering what is heard

ATTENTION & ORGANIZATION

- Difficulty with organization
- Easily distracted
- Difficulty beginning a task
- Difficulty completing a task
- Lethargic/sleeps in class
- Overactive/excessive movements
- Difficulty following rules/routine
- Does not complete/turn in work

PERCEPTUAL/MOTOR SKILLS

- Difficulty with coordination
- Difficulty with body space awareness
- Difficulty copying from board and/or book

SOCIAL/EMOTIONAL

- | | | | |
|--------------------------|--|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Lacks motivation | <input type="checkbox"/> | Easily influenced by others |
| <input type="checkbox"/> | Lacks self-control | <input type="checkbox"/> | Poor self-concept |
| <input type="checkbox"/> | Easily frustrated | <input type="checkbox"/> | Expresses thoughts of quitting school |
| <input type="checkbox"/> | Sudden changes in mood | <input type="checkbox"/> | Alcohol, tobacco, or drug use |
| <input type="checkbox"/> | Inconsistency in performance | <input type="checkbox"/> | Legal issues |
| <input type="checkbox"/> | Seeks frequent approval | <input type="checkbox"/> | Poor hygiene/appearance |
| <input type="checkbox"/> | Interrupts/distracts class | <input type="checkbox"/> | Home support concerns |
| <input type="checkbox"/> | Verbally aggressive | <input type="checkbox"/> | Tense & edgy |
| <input type="checkbox"/> | Physically aggressive | <input type="checkbox"/> | Frequent nurse visits |
| <input type="checkbox"/> | Difficulty interpreting social cues | <input type="checkbox"/> | Health concerns |
| <input type="checkbox"/> | Difficulty with friends | <input type="checkbox"/> | Wellness concerns |
| <input type="checkbox"/> | Doesn't accept responsibility for behavior | <input type="checkbox"/> | Other... |

Observation Description:

Support Data:

Interventions:

Please select the interventions you've utilized to support this student. Feel free to utilize the PST Accommodations/Interventions form for assistance with this section and the following section.

- Classroom environment/seating
- Assignments/homework
- Test taking & grading
- Home/school/community connection
- Aides & technology
- Learning style
- Attention
- Reading
- Writing/handwriting
- Spelling
- Math
- Organizational/planning skills
- Positive behavioral intervention
- Socialization and social skills
- Other:

Intervention Description:

Intervention Implementation & Progress:

Parent/Guardian/Student Contact:

- Parent/guardian phone call
- Parent/guardian email
- Parent/guardian meeting
- Student meeting