

ROANOKE COUNTY PUBLIC SCHOOLS
5937 COVE ROAD
ROANOKE, VA 24019
(549) 562-3900

CHILD STUDY TEAM REFERRAL FORM

Student's Name: _____ DOB: _____

Grade: _____ Age: _____ School: _____

Gender: _____ Ethnicity: _____ Primary Language: _____

Parent(s): _____ Phone: _____

Address: _____

Referring Source's Name: _____

Relationship to Student: ☐ Parent ☐ General Education Teacher ☐ Other: list: _____



Date Initial Referral Received by Principal/Designee:* _____

(SCHEDULE CST TO MEET WITHIN 10 BUSINESS Days!)

- This referral is for the Child Study Team to: (Check one or more that apply)
- ☐ Review a student's situation in an attempt to explore interventions and strategies to address problems the student is experiencing in the school setting.
 - ☐ To review the merit and justification of a referral for a section 504 evaluation.
(The parent and 504 Coordinator MUST be invited.)
 - ☐ To review the merit and justification of a referral for a special education evaluation.
(The parent and Special Education Teacher MUST be invited.)

Directions: Check the type of PRIMARY concern you have about the student and describe in the chart below. Please describe any attempts, including interventions and teacher/parent involvement, that have been made to resolve the problem and/or concern. Please use additional sheets if more than one concern is indicated.

Primary Problem / Concern (CHECK ONE)	Attempts at Resolution
<input type="checkbox"/> Academic	<input type="checkbox"/> Behavioral contract (School / Program based)
<input type="checkbox"/> Inattention	<input type="checkbox"/> Behavioral contract (Home-School collaboration)
<input type="checkbox"/> Overly Active	<input type="checkbox"/> Self-monitoring system
<input type="checkbox"/> Aggression/Defiance	<input type="checkbox"/> Guided / directed support to complete age-appropriate tasks
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Behavioral system with rewards implemented in classroom (Pre-K: home/program)
<input type="checkbox"/> Work Attitude	<input type="checkbox"/> Alternative teaching methods:
<input type="checkbox"/> Medical	<input type="checkbox"/> increasing use of manipulatives
	<input type="checkbox"/> modifying assignments
	<input type="checkbox"/> repeating directions or written directions
<input type="checkbox"/> Other	<input type="checkbox"/> Alternative seating assignment for child in class
Describe:	<input type="checkbox"/> Social/emotional support by school personnel
	<input type="checkbox"/> Counseling services (e.g., social skills group)
	<input type="checkbox"/> Tutoring/extra support for academic work (Pre-K: to develop pre-academic skills)
	<input type="checkbox"/> Support from an outside agency
	<input type="checkbox"/> Counseling / guidance services
	<input type="checkbox"/> Participation in a program outside of school
	<input type="checkbox"/> Parental/guardian Contact
	<input type="checkbox"/> Other:

Submit this request to the child study coordinator/ principal / designee.

Student's Name: _____ DOB: _____
Grade: _____ Age: _____ School: _____

Use only if additional and significant concerns are indicated.

Secondary Problem / Concern (CHECK ONE)	Attempts at Resolution
<input type="checkbox"/> Academic	<input type="checkbox"/> Behavioral contract (School / Program based)
<input type="checkbox"/> Inattention	<input type="checkbox"/> Behavioral contract (Home-School collaboration)
<input type="checkbox"/> Overly Active	<input type="checkbox"/> Self-monitoring system
<input type="checkbox"/> Aggression/Defiance	<input type="checkbox"/> Guided / directed support to complete age-appropriate tasks
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Behavioral system with rewards implemented in classroom (Pre-K: home/program)
<input type="checkbox"/> Work Attitude	<input type="checkbox"/> Alternative teaching methods:
<input type="checkbox"/> Medical	<input type="checkbox"/> increasing use of manipulatives
	<input type="checkbox"/> modifying assignments
	<input type="checkbox"/> repeating directions or written directions
<input type="checkbox"/> Other	<input type="checkbox"/> Alternative seating assignment for child in class
Describe:	<input type="checkbox"/> Social/emotional support by school personnel
	<input type="checkbox"/> Counseling services (e.g., social skills group)
	<input type="checkbox"/> Tutoring/extra support for academic work (Pre-K: to develop pre-academic skills)
	<input type="checkbox"/> Support from an outside agency
	<input type="checkbox"/> Counseling / guidance services
	<input type="checkbox"/> Participation in a program outside of school
	<input type="checkbox"/> Parental/guardian Contact
	<input type="checkbox"/> Other:

Other Problems / Concerns	Attempts at Resolution
<input type="checkbox"/> Academic	<input type="checkbox"/> Behavioral contract (School / Program based)
<input type="checkbox"/> Inattention	<input type="checkbox"/> Behavioral contract (Home-School collaboration)
<input type="checkbox"/> Overly Active	<input type="checkbox"/> Self-monitoring system
<input type="checkbox"/> Aggression/Defiance	<input type="checkbox"/> Guided / directed support to complete age-appropriate tasks
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Behavioral system with rewards implemented in classroom (Pre-K: home/program)
<input type="checkbox"/> Work Attitude	<input type="checkbox"/> Alternative teaching methods:
<input type="checkbox"/> Medical	<input type="checkbox"/> increasing use of manipulatives
	<input type="checkbox"/> modifying assignments
	<input type="checkbox"/> repeating directions or written directions
<input type="checkbox"/> Other	<input type="checkbox"/> Alternative seating assignment for child in class
Describe:	<input type="checkbox"/> Social/emotional support by school personnel
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	<input type="checkbox"/> Support from an outside agency
	<input type="checkbox"/> Counseling / guidance services
	<input type="checkbox"/> Participation in a program outside of school
	<input type="checkbox"/> Parental/guardian Contact
	<input type="checkbox"/> Other:

Submit this request to the child study coordinator/ principal / designee.