

Team Meeting and/or SAIL Referral Packet

Student: _____ **DOB:** _____ **Grade:** _____ **Date:** _____
Teacher: _____ **School:** _____

Section I: Learning Style, Strengths, and Cultural Issues

Student's Learning Style: _____

Student's Strengths: _____

Cultural Issues: _____

Section II: Areas of Concern

If the concern is academic, how do the student's scores compare with the rest of the class? You **must attach specific data in the form of graphs.**

What is your main concern for this student? Define your concern by using **specific data**:
(Example: Student fails to follow teacher instruction 50% of the time; Student has turned in 4 out of 15 homework assignments this grading period, etc.)

Are there specific times when this concern is *more* of an issue? _____

Are there specific times when this concern is *less* of an issue? _____

Section III: Desired Outcome

What would you like the student to do that he/she does not currently do? What is your goal for this student? Be as specific as possible. _____

Section IV: Accommodations/Interventions Used

Accommodations	Dates Began/Ended	Describe Degree of Effectiveness	What you learned about this student
Instructional Interventions Used	Dates Began/Ended	Describe Degree of Effectiveness	What you learned about this student

Section V: School History

Number of schools attended within last 3 years: _____

Has the student been retained? _____ When? _____

Previous referral to SAIL? _____ If yes, date/result: _____

Previous Referral to SpEd? _____ If yes, date/result: _____
Absences: _____

Patterns of absences: _____

Receiving following services? If so, provide *details*.

• Title I _____

• Counseling: _____

• Bilingual/ESL _____

• Other _____

Section VI: Family Information

Date parent/guardian was informed that their child has been referred to SAIL:

What are their concerns? _____

Does the student have support at home with homework? _____

Has the student experienced any major life events that may affect his/her learning?

If yes, please explain: _____

Section VII: English Language Learners

Home Language Survey:

English Spanish Other _____

Years of schooling in home language:

Years of US schooling: Entry date:

Schools attended: _____

Is he/she a LEP Parent Denial Student?

If yes, indicate date:

Section VIII: Assessment Information

Current Grades	Instructional Levels	TAKS Scores
Subject/ Grade (Can attach separate page.)	(Can attach separate page.)	(Can attach separate page.) Year: _____ Reading: P/F Score: Math: P/F Score: Writing: P/F Score: Science: P/F Score: Year: _____ Reading: P/F Score: Math: P/F Score: Writing: P/F Score: Science: P/F Score: Year: _____ Reading: P/F Score: Math: P/F Score: Writing: P/F Score: Science: P/F Score:

Section IX: Miscellaneous

Who should be invited to the initial SAIL meeting? _____

Received by SAIL Coordinator on:

SAIL meeting scheduled for:

Notes/Comments: