



(to be completed for each of the student's classes)

**Student's Name:**

**Teacher's Name:**

**Subject:**

**Describe Student Strengths and Needs related to this referral:**  
(include information related to the student's attitude, motivation and perseverance)

**Environment:**

|  |     |    |
|--|-----|----|
| Does the student change classes?   | Yes | No |
| Is the student receiving instruction in a general education classroom?       | Yes | No |
| Is a computer or keyboard device available for student use in the classroom? | Yes | No |

**Tasks:**

How much writing is required in your class on a daily or weekly basis?

What types of writing tasks are required? (example: short answer, fill in the blank, few sentences, paragraphs, graphic organizers)

Is note taking required?

Are notes in worksheet format or do students write out their notes?

|   |     |    |
|---|-----|----|
| Is the student required to copy from the board? | Yes | No |
| Copy from desk copy?                            | Yes | No |

