Wayne County Student Assistance Team

 Date of Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Person Referring for SAT Completes This and Then SAT Meeting is Held within 10 School Days of Referral*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name School WVEIS DOB

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Grade/Teacher Parent/Guardian Guardian Email

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Address City Zip

Current Teacher(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Email

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 Address Phone

**Reason for referral**

**\_\_\_** Academic Difficulty \_\_\_Hearing \_\_\_Behavior/Discipline \_\_\_Speech/Language

\_\_\_Social Emotional \_\_\_Vision \_\_\_Health \_\_\_Gifted

\_\_\_Truancy \_\_\_Other

Brief Description of all areas indicated above:

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Describe initial actions taken to date:

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Is the teacher classroom observation report included? \_\_\_Yes \_\_\_No  **Completed prior to Initial SAT meeting**

Is an IEP currently implemented for this student? \_\_\_Yes \_\_\_No **\*If yes, contact student’s case manager to complete re-evaluation plan in lieu of SAT process**

**Please indicate any special accommodation needed for parent participation (e.g. interpreter):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Signature of Referring Person(s) DATE