



# SAT Referral Packet

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_  
 Name/Signature of Referring Teacher \_\_\_\_\_  
 Name of Parent/Guardian \_\_\_\_\_

**Fill out all sections A-D. Fill out section E only if behavior is an area of concern.**

**A. Mark only areas of concern below that significantly affect the student's classroom experiences. Rate your concern as (H) High or (S) Some. If you are not sure, do not mark it.**

- |   |                                       |
|---|---------------------------------------|
| _____ physical attributes                               | _____ attention span                  |
| _____ attendance  | _____ memory skills                   |
| _____ activity level                                    | _____ ability to follow directions    |
| _____ oral comprehension                                | _____ listening skills                |
| _____ language development                              | _____ response to questions           |
| _____ language fluency                                  | _____ ability to focus on task        |
| _____ problem-solving ability                           | _____ frustration threshold           |
| _____ vocabulary  | _____ self-expression                 |
| _____ organizational skills                             | _____ self-discipline                 |
| _____ easily confused                                   | _____ gross motor skills/coordination |
| _____ social/interpersonal skills                       | _____ fine motor skills               |
| _____ self-awareness                                    | _____ disorientation                  |
| _____ over-aggression                                   | _____ passive/nonresponsive           |
| _____ low self-esteem                                   | _____ lack of responsibility          |
| _____ academic progress ( list skills/areas of concern) |                                       |

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\_\_\_\_\_medical/health (manifestations/areas of concern) Note: Vision and/or hearing acuity concerns should be screened and addressed prior to starting the SAT process and documented here.

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\_\_\_\_\_behavior (observations/areas of concern) \_\_\_\_\_

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\_\_\_\_\_emotional/social (specify and describe) \_\_\_\_\_

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\_\_\_\_\_OTHER (specify and describe) \_\_\_\_\_

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**B.** Add any other information you can to help the Student Assistance Team better understand your concerns. Also describe the student's **strengths**. \_\_\_\_\_

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**C. PRIOR ACTIONS TAKEN TO ADDRESS THE CONCERN**

1. Of the four main areas listed below, which have you changed in some way in an attempt to address the concern? Check the area(s) and describe how you differentiated or provided an intervention.

Differentiated Instruction: How core content has been presented to provide a different avenue for student to acquire content and/or ideas

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Student Products: Changing the assignment or project to adjust to student skill, readiness, or learning preference

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Physical Environment: Changes to the classroom arrangement and learning environment

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2. Below is a partial list of possible Tier 1 interventions and/or accommodations. Check any that have been used prior to this point to address the concern. Add other specific interventions that have been tried.

- |   |   |
|---|---|
| <input type="checkbox"/> tiered assignments           | <input type="checkbox"/> memory drills                          |
| <input type="checkbox"/> previewing; rephrasing       | <input type="checkbox"/> anchor activities                      |
| <input type="checkbox"/> using graphic organizers     | <input type="checkbox"/> computer-assisted instruction          |
| <input type="checkbox"/> posting charts; labeling     | <input type="checkbox"/> manipulatives for math, other subjects |
| <input type="checkbox"/> learning contract            | <input type="checkbox"/> study buddy                            |
| <input type="checkbox"/> giving visual/verbal clues   | <input type="checkbox"/> reading buddy                          |
| <input type="checkbox"/> peer tutoring/coaching       | <input type="checkbox"/> varying level of questioning           |
| <input type="checkbox"/> use of alternative materials | <input type="checkbox"/> ESL (English as a Second Language)     |
| <input type="checkbox"/> cooperative learning         | <input type="checkbox"/> study buddy                            |
| <input type="checkbox"/> use of frequent praise       | <input type="checkbox"/> Title I reading                        |
| <input type="checkbox"/> use of corrective feedback   | <input type="checkbox"/> Bilingual Education                    |
| <input type="checkbox"/> small-group instruction      | <input type="checkbox"/> guided practice/extra practice         |
| <input type="checkbox"/> use of flexible grouping     | <input type="checkbox"/> reteaching of certain concepts         |

- acknowledging correct responses
- linking relevance to students' lives
- dividing tasks into smaller portions
- giving opportunities for success
- providing task choices
- giving opportunities for leadership
- incorporating cultural differences
- promoting family involvement
- providing bilingual signs/labels
- building on student's strengths
- using student interest profile
- tutoring
- academic improvement plan (AIP)
- other \_\_\_\_\_
- other \_\_\_\_\_
- other \_\_\_\_\_
- other \_\_\_\_\_

3. How many rounds of universal interventions have been implemented at Tier 1 and what was their duration in weeks? If none, note why.

Rounds of Interventions

- 0 Why: \_\_\_\_\_
- 1 Duration: \_\_\_\_\_ weeks
- 2 Duration: \_\_\_\_\_ weeks
- 3 Duration: \_\_\_\_\_ weeks

**D. ATTACHMENTS**

If the student is having **academic difficulties**, please attach a sample(s) of the student's work, short-cycle assessment and/or progress monitoring data that reflect your specific concern(s).

- sample(s) attached  N/A

If there is a **medical concern**, please attach any known relevant information or history.

- information attached  N/A

If there is a **behavioral concern**, please attach any disciplinary action taken or other documentation and fill out section **E: Teacher Input for Addressing Problem Behaviors**.

- documentation attached  teacher input completed (section E)  N/A

**E. TEACHER INPUT FOR ADDRESSING PROBLEM BEHAVIORS**

(Teacher fills out this section if student is being referred to the SAT for behavioral concerns.  
 If behavior is not an issue, there is no need to complete this section.

1. Describe the behavior(s) of concern using measurable terms. *Example: Rather than "Lisa picks fights," describe the actions and frequency: "Lisa demonstrates aggressive behavior toward other children at least 2–3 times a day, often more. She shows her aggression by such actions as pushing, grabbing materials from others, and by using verbal commands and name-calling."*

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2. When is the behavior most and least likely to occur? Mark each as **M** (More Likely), **L** (Less Likely), or **U** (Unlikely).

\_\_\_\_\_ On a particular day or days of the week, such as Fridays?  
 If so, which? \_\_\_\_\_

\_\_\_\_\_ At a particular time or times of the day, such as lunch or transitions?  
 If so, when? \_\_\_\_\_

\_\_\_\_\_ During certain types of activities or tasks, such as math or independent work?  
 If so, when? \_\_\_\_\_

\_\_\_\_\_ When interacting with certain people—individuals or groups?  
 If so, who? \_\_\_\_\_

\_\_\_\_\_ Under specific environmental conditions, such as in crowds or outdoor recess?  
 If so, what? \_\_\_\_\_

\_\_\_\_\_ When physically tired, hungry, or sick?  
 If so, which? \_\_\_\_\_

3. What do you think the student gains or avoids by demonstrating the behavior?

Get attention? \_\_\_\_\_ What kind? From whom? \_\_\_\_\_

Avoid attention? \_\_\_\_\_ What kind? From whom? \_\_\_\_\_

Get control? \_\_\_\_\_ Of what? \_\_\_\_\_

Avoid embarrassment? \_\_\_\_\_ Regarding what? \_\_\_\_\_

Get relief? \_\_\_\_\_ From what? \_\_\_\_\_

Avoid task? \_\_\_\_\_ Which? \_\_\_\_\_

OTHER? \_\_\_\_\_

4. Describe the specific expectations you have for the student that are not being met.

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

5. How have you conveyed your expectations to the student? What happened?

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

6. Do you think the student **can't** (is unable to) or **won't** (is unwilling to) demonstrate the appropriate/desired behavior? Why? \_\_\_\_\_

\_\_\_\_\_

7. What appropriate/acceptable behavior(s) could the student use as a substitute for the behavior regarded as unacceptable? \_\_\_\_\_

\_\_\_\_\_

8. What have you already tried to change about the situations in which the behavior occurs?

- modified tasks/assignments to align better with student's skills
- changed the student's schedule or order of activities
- changed the curriculum for this student
- provided extra assistance
- changed the student's physical environment (seating, room arrangement, grouping,...)
- other \_\_\_\_\_
- other \_\_\_\_\_

9. What techniques have you already tried to help the student meet behavioral expectations?

- |   |  |
|---|--|
| <input type="checkbox"/> posted rules for the whole class | <input type="checkbox"/> denied desired items/activities |
| <input type="checkbox"/> immediate feedback               | <input type="checkbox"/> notes/phone calls to parents    |
| <input type="checkbox"/> teacher-student contract         | <input type="checkbox"/> loss of privileges              |
| <input type="checkbox"/> met with parents                 | <input type="checkbox"/> reprimands                      |
| <input type="checkbox"/> reward system                    | <input type="checkbox"/> warnings about transitions      |
| <input type="checkbox"/> ignored the behavior             | <input type="checkbox"/> decrease task difficulty        |
| <input type="checkbox"/> hand or other signals            | <input type="checkbox"/> detention/suspension            |
| <input type="checkbox"/> offered options/choices          | <input type="checkbox"/> referral to office              |
| <input type="checkbox"/> consistency of enforcement       | <input type="checkbox"/> referral to school counselor    |
| <input type="checkbox"/> modified discipline plan         | <input type="checkbox"/> truancy corrective action plan  |
| <input type="checkbox"/> other _____                      |  |
| <input type="checkbox"/> other _____                      |  |



### SAT Chairperson Certification

*The SAT Chairperson reviews grade- or class-level student performance data and compares it to the referred student. If that data reveals that this student is part of a group of students in that grade or class who are showing problems that could possibly be linked to a curricular or instruction issue, then the SAT chairperson should refer this student back to the grade-level team or other team who is overseeing Tier 1 interventions. The SAT chairperson also reviews data and the SAT referral packet to see if a classroom observation may be necessary prior to the SAT meeting, and then coordinates that through the school administrator.*

- I have reviewed this referral, as well as grade- or class-level data prior to scheduling the SAT meeting. I have determined that the packet is complete and that it is an appropriate referral. A SAT meeting will be scheduled.
- I have reviewed this referral and grade- or class-level data prior to scheduling the SAT meeting, and have determined that it is **not** an appropriate referral at this time. This case will be redirected through an administrator back to the school's Tier 1 process. The administrator will make the final decision regarding the SAT referral.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

SAT Chairperson