

Student Support Services

Educational Planning Team Recommendation Form

Student Name:			Today's Date:			
			School: Grade:		Grade:	
				_ Primary Language at Home		
Parent/Guardian	Address:					
Parent/Guardian Home Phone:			Work Phone:			
Reason for Referral: Date: Data Entry Date:						
Reason Code(s):	☐ Learning	☐ Behavior	Truan	ey		
	Health	☐ Emotional	Consid	ler for 504 Eligibility		
Statement of Stud	dent's Current I	Level of Perform	ance or Area	of Need:		
Team Recommen	udations:					
		☐ Behavio	or Intervention	Curriculum Change	2	
				_		
	☐ Counseling Intervention ☐ Teacher Change ☐ Classroom Accommodation					
Dropout P						
Description of In	tervention/Instr	uctional Suppor	t :			
☐ I have received	d a copy of paren	t Information for	Students Rece	iving Intensive Interventions.		
Parent not in a	ttendance. Paren	t information for	students recei	ving intensive interventions sent h	ome on	
Participants:						
Parent/Guardian:			Name/Title:			
Name/Title:						
Name/Title:						
rame, rue.			Name/ True			

Form No: STU-2324-023 – Educational Planning Team Recommendation Form / Pre-Referral New Date: 4/2/24

Distribution: __School/Principal _ Parent

__District

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Student Support Services Educational Planning Team Recommendation Form (Page 2 of 3)

Student Name:		Today's Date:
Update/Review Progress Monitor	ing (check all that apply):	
☐ Reviewed Progress Data	Referral to Outside Agency	☐ Referral for Gifted Evaluation
☐ Continue Intervention	Referral for Section 504	Referral Psychoeducational Evaluation
☐ Add/Change Intervention	☐ Determine 504 Eligibility	☐ Recommend Alternative Placement
☐ Other:		
Current Level of Performance:		
Continuation or Changes in Inter-	ventions/Instructional Support:	
Participants:		
Parent/Guardian:		e:
Name/Title:		e:
Name/Title:	Name/Title	e:

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D4'-'		
Participants:	NI /T'.11	
Parent/Guardian:		e: e:
Name/Title:Name/Title:		e: :
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