

Student Services Department Early Warning System Educational Planning Team Recommendation Form

Student Name:					Today's Date:		
		School:					
Date of Birth:	Race:	Race: Primary Language at Home:					
Parent/Guardian	Name:						
	Address:						
Home		Work Phone:					
Reason for Referral:	Date:		_ Data Entry D	Oate:			
Reason Code(☐ Behavior				
	☐ Health		☐ Emotional	☐ Coi	nsider 504 Eligibility		
Early Warning System	m Indicators: (pl	ease check all	that apply)				
☐ Attendance	e less than 90% -	number days	absent:				
	m . 1.1		Excused	Unexcused Tardies			
One or more suspensions - Total days							
☐ Failing Gr	ade in ELA or Ma	ath - Read/LA	A Grade/Grading	Ma g Period	Grade/Grading Period		
☐ Level 1 on State Assessment – Reading							
Team Recommendati	ions:						
☐ Academic Intervention		☐ Behavior	☐ Behavior Intervention ☐		Curriculum Change Counseling		
☐ Intervention ☐		☐ Teacher	☐ Teacher Change ☐		Classroom Accommodation		
☐ Dropout Pr	revention	Other:_					
Description of Interven	ention Strategy/Ii	nstructional S	upport:				
Participants:							
Parent/Guardian			Name/Title				
Name/Title			Name/Title				
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Student Name:	Today's Date:				
Update/Review Progress Monitoring (check all that	annly).				
		☐ Pafar	ral for Gifted Evaluation		
 □ Reviewed Progress Data □ Referral to Outside Agency □ Referral for Gifted Evaluation □ Continue Intervention □ Referral for Section 504 □ Referral Psychoeducational Evaluation 					
			ral Psychoeducational Evaluation		
☐ Add/Change Intervention ☐ Determine 504	-	□ Reco	mmend Alternative Placement		
Other:					
Current Early Warning System Indicators:					
☐ Attendance less than 90% - number days ab	osent:	Excused	Unexcused Tardies		
One or many many mains. Total days many	1 . 1				
One or more suspensions - Total days suspensions - Total days suspensions - Total days suspensions			-		
☐ Failing Grade in ELA or Math - Read/LA	Grade/Grading Period		Math Grade/Grading Period		
☐ Level 1 on State Assessment – Reading Leve					
Notes:					
Tiotes.					
Continuation or changes in Intervention Strategies/Ins	tructional Su	pport:			
	•	•			
Participants:					
 Parent/Guardian	Name/Title		· · · · · · · · · · · · · · · · · · ·		
Parent/Guaratan	ivame/1 iie				
Name/Title	Name/Title				
 Name/Title	Name/Title				

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