



Student Services Department

Early Warning System Educational Planning Team Recommendation Form

Student Name: _____ Today's Date: _____

Student #: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Reason for Referral: Date: _____ Data Entry Date: _____

Reason Code(s): ☐ Learning ☐ Behavior ☐ Truancy
☐ Health ☐ Emotional ☐ Consider 504 Eligibility

Early Warning System Indicators: (please check all that apply)

☐ Attendance less than 90% - number days absent: _____
Excused _____ Unexcused _____ Tardies _____

☐ One or more suspensions - Total days suspended _____ ☐ ISS or ☐ OSS

☐ Failing Grade in ELA or Math - Read/LA _____ Math _____
Grade/Grading Period _____ Grade/Grading Period _____

☐ Level 1 on State Assessment – Reading Level score _____ Math Level score _____

Notes:

Team Recommendations:

☐ Academic Intervention ☐ Behavior Intervention ☐ Curriculum Change Counseling
☐ Intervention ☐ Teacher Change ☐ Classroom Accommodation
☐ Dropout Prevention ☐ Other: _____

Description of Intervention Strategy/Instructional Support:

Participants:

Parent/Guardian

Name/Title

Name/Title

Name/Title

Student Name: _____ Today's Date: _____

Update/Review Progress Monitoring (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 Early Warning System Indicators:

- ☐ Attendance less than 90% - number days absent: _____

ExcusedUnexcusedTardies
- ☐ One or more suspensions - Total days suspended _____

☐ ISS or ☐ OSS
- ☐ Failing Grade in ELA or Math - Read/LA _____Math _____

Grade/Grading PeriodGrade/Grading Period
- ☐ Level 1 on State Assessment – Reading Level score _____Math Level score _____

Notes:

Continuation or changes in Intervention Strategies/Instructional Support:

Participants:

Parent/Guardian

Name/Title

Name/Title

Name/Title

Name/Title

Name/Title