

Student Services Department Early Warning System Educational Planning Team Recommendation Form

Student Name:				Today's Date:	
Student #:		Scl	hool:	Grade:	
Date of Birth:	Sex:	Race:	Primary La	inguage at Home:	
Parent/Guardian	Name:				
		Work Phone:			
Reason for Referral:	Date:		Data Entry D	Date:	
Reason Code			□ Behavior		
	☐ Health	C	☐ Emotional	☐ Consider 504 Eligibility	
Early Warning Syste	em Indicators: (p	lease check all	that apply)		
	ce less than 90%				
		J		Excused Unexcused Tardies	
		spended			
Failing Gr	rade in ELA or M	Iath - Read/LA	Λ	Math Grade/Grading Period	
Level I of	1 State Assessme	nt – Reading Le	evel score	Math Level score	
Team Recommendat	ions:				
☐ Academic	Intervention	☐ Behavior	r Intervention	☐ Curriculum Change Counseling	
☐ Intervention	on	☐ Teacher	Change	☐ Classroom Accommodation	
☐ Dropout P	revention	Other:			
Description of Interv	ention Strategy/l	Instructional S	upport:		
Participants:					
Parent/Guardian			Name/Title		
Name/Title	.		Name/Title		
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Student Name:	Today's Date:			
Update/Review Progress Monitoring (chec	k all that apply):			
☐ Reviewed Progress Data ☐ Refe	rral to Outside Agency Referral for Gifted Evaluation			
☐ Continue Intervention ☐ Refe	rral for Section 504	atior		
☐ Add/Change Intervention ☐ Dete	rmine 504 Eligibility	ıt		
☐ Other:				
Current Early Warning System Indicators:				
\square Attendance less than 90% - num	per days absent:			
	Excused Unexcused Tard	ies		
One or more suspensions - Total				
☐ Failing Grade in ELA or Math - 1	Read/LA Math Grade/Grading Period			
☐ Level 1 on State Assessment – Re				
Notes:				
Continuation or changes in Intervention Stra	tegies/Instructional Support:			
Participants:				
P. (G. 1)				
Parent/Guardian	Name/Title			
Name/Title	Name/Title	_		
Name/Title	Name/Title			

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