

**Referral to Livonia School District  
Nonpublic Schools Staff Report**

**General Information**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ District of Residence: \_\_\_\_\_

Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Health Concerns: \_\_\_\_\_ Native Language: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Special Education eligible? If yes, what services? \_\_\_\_\_

Teacher Consultant Intervention? If yes, describe: \_\_\_\_\_

Is attendance/discipline a concern? If yes, explain: \_\_\_\_\_

# of absences: \_\_\_\_\_ # of tardies: \_\_\_\_\_ # of discipline referrals: \_\_\_\_\_

How was parent notified of request for support?  Letter  Phone  Other

Date parent was notified of request for support: \_\_\_\_\_ By: \_\_\_\_\_

**Reason for Request** Academic: \_\_\_\_\_ Behavioral: \_\_\_\_\_

What are the student's strengths and interests? \_\_\_\_\_

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

In 25 words or more, please describe the specific concern. \_\_\_\_\_

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

If behavioral concern, in what situations/settings does the behavior occur most/least often?

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

**Curriculum:** Are there certain materials/papers/assignments that make learning more difficult?

**Instruction:** What, if anything, is difficult for the student in regard to delivery of instruction (e.g. directions are confusing)?

**Environment:** Are there things about the classroom that make learning more/less difficult?

**Motivation:** Does the student seek assistance from teachers, peers, or others?

**Assessment Data**

List the most recent data collected. Include classroom-based assessments as well as benchmark and progress monitoring assessment data. **Attach data records** to referral (e.g. standardized test results, report cards):

What are the student's homework and study habits?

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Is there a Home/School Plan in place? If yes, attach documentation.

Specific Concern:	Indicator of Improvement:
Recommended Adaptations/Strategies:	Person Responsible:
What materials are needed to implement strategies?	
How will this be evaluated?	

**Review Dates:** \_\_\_\_\_

**Classroom Observation:**

If concern is academic, what is the best time to observe the student? \_\_\_\_\_

If concern is behavioral, what is the best time to observe the student? \_\_\_\_\_

Additional comments:

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\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Livonia Public Schools representative

\_\_\_\_\_  
Date request received

\_\_\_\_\_  
Contact with PNP school

\_\_\_\_\_  
Date

Recommendations: \_\_\_\_\_

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Reconvene/Update/Review Interventions by: \_\_\_\_\_