

Student's Name _____ Date of Referral _____
 Teacher's Name _____ School _____

1st grade YouthBASE Referral

Instructions: Identify student concern(s) by place an X in the appropriate box.

	Student did not attend preschool or K4 program
	Student mid-year assessment is below 50% (if applicable)
	Student has been referred to A-Team
	Student receives resource services
<u>Language/literacy - 40% or less</u>	
	High frequency words-identify, read, spell
	3-4 letter words - spelling
	Reading for enjoyment
	Summarize details and predictions
	Writing legible sentences - unable to write sentences and/or put words together to form a complete thought
	Reading Level-A to Z (current)
<u>Math skills - 40% or less</u>	
	2 digit addition with no regrouping (if introduced)
	Adding and subtracting concept 0-9 (if introduced)
	Fact families (if introduced)
<u>Emotional and Social assessment</u> (Check all that apply)	
	<ul style="list-style-type: none"> ○ Demonstrates self-confidence ○ Follows rules and routines ○ Manages personal belongings ○ Shows eagerness to learn ○ Sustains attention to task ○ Participates in group activities ○ Uses simple strategies to solve conflicts ○ Demonstrates age appropriate body control

Comments: