

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

Kindergarten 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</u>	
	Sight words recognition - 40% or less
	Letter identification - 40% or less for upper and lower case letters
	Letter sounds - 40% or less
	Writing letters both upper and lower case - 40% or less
	Reading Level (A to Z)
<u>Math skills</u>	
	Counting and number recognition 1-99 at or below 50%
	Adding and subtracting concept introduced but not grasped up to 5
	One to one correlation of number to objects
<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: