

VENTURA UNIFIED SCHOOL DISTRICT
255 W. STANLEY AVENUE
Suite 100
VENTURA, CALIFORNIA 93001
(805) 641-5000

STUDENT SUCCESS TEAM REFERRAL K-8 / DATA COLLECTION FORM

Student's Last Name	First	MI	M/F	/	Year	/	Month	/	Day
Parent/Guardian Name				Home Phone		Birthdate			
Street Address	City	State	Zip	Business Phone		Present Age			
Grade	Teacher/Counselor	School	District of Residence			School of Residence			

Home Language: _____ Check if Applicable: ☐ Group Home ☐ Foster Family/Homeless

Most recent vision and hearing screening results: Date _____ Vision _____ Hearing _____

Attendance: Number of absences _____ Number of tardies _____ Have there been attendance problems in previous years? ☐ Yes ☐ No

Special Ed: ☐ SDC ☐ RSP ☐ Speech

CST Test Scores:

504 Plan? Yes ☐ No ☐

CELDT: Year _____ Proficiency Level: _____

Middle School: GPA: _____

Classroom assessments: _____

Year:	Far Below	Below Basic	Basic	Proficient	Advanced
Eng./Lang. Arts					
Math					

List and prioritize your concerns with the student (i.e., academic, social/emotional/behavioral, physical, attendance) _____

What are the student's strengths and interests? _____

Interventions/materials you have tried:

Length of time they have been tried:

Outcomes:

What information have you received from parent contacts, teachers, or cum review? (e.g., cultural or environmental factors, family changes, health concerns, prior interventions, etc.) _____

Pupil referred by: _____

Title: _____

Ventura Unified School District INTERVENTION LOG

Date: _____

Re: Academic _____ Attendance _____ Behavior _____

Student: _____ D.O.B. _____ School: _____

Grade _____ ☐ Male ☐ Female

Completed by: _____

School Interventions

Date Academic Interventions Date

504 Plan		Assessment by psychologist	
Behavior support plan		Computer assisted learning	
Community service assigned		Daily/weekly progress report	
Contract: Academic		Individual explanation of instructions	
Contract: Attendance		Intervention class	
Contract: Behavior		Modification of environment	
Conference : all teacher/Dept		Modification of materials	
Conference : counselor/student		Modification of seating	
Conference : parent/teacher/student		Para-educator assistance	
Conference : principal/teacher		Program: Bilingual/ESL services	
Conference: principal/student		Program: Homeless services	
Conference: teacher/student		Program: Indian Education services	
Home visit		Program: Migrant Education services	
Recess/nutrition/lunch restricted		Program: Title I services	
Phone call to parent/guardian		Simplification of task/content	
Physician contact		Small group instruction	
Program/schedule change		Parent tutor	
Referral: counselor		Peer tutor	
Referral : CWA		Teacher tutoring (non-class time)	
Referral: nurse		Use of concrete materials	
Referral: parent education program		Use of media (taped books, etc)	
Referral: psychologist		Other:	
Referral : SAP			
Referral: SART/SARB			
Referral: SST		Community interventions:	
Small group instruction or tutoring		Private counseling	
Strategic seating in the classroom		Private tutoring	
Student assigned as helper during unstructured times		Medical	
Summer school or intersession attendance		Referral: community agency _____	
Teacher change		Other:	

Consequences

Academic probation		Referral to principal/asst. principal	
Detention		Revoke intra or inter-district permit	
Suspension		Revoke school privilege	
Parent attends class with student		Saturday school	
Reduced day		Student phone call to parent re referral	

Comments:
