

INSTRUCTIONAL SUPPORT TEAM (IST)
INFORMATION SHEET

This information sheet is to help teachers prepare for discussing a student at the initial IST meeting. As such, please answer the following questions so that IST members will be better prepared to help you address your student's needs.

DATE: _____

PERSON RESPONSIBLE FOR REFERRAL: _____

STUDENT INFORMATION

Name: _____

Date of Birth: _____

Dominant Language: _____

Passed Vision: ____ Passed Hearing: ____

Parent/Guardian: _____

Parents' Dominant Language: _____

Address: _____

Phone: _____

Current Grade of Record: _____

Please list the student's current support program(s) (i.e., ELL, resource, math/reading lab, speech, etc.). PLEASE INCLUDE TEACHER NAMES:

How is the student's health?

How is the student's attendance?

Please identify the student's relevant academic program(s) and/or curricula:

REASON FOR REFERRAL (i.e., IDENTIFY THE PROBLEM):

The presenting problem is _____ academic _____ behavioral _____ both

Describe the student’s problem in observable, measurable terms (please avoid the use of diagnostic labels):

How was the student’s academic performance and/or behavior assessed? Please check all that apply. If applicable, enter test scores and percentile ranks.

Records Review: _____

Interview(s): *Teacher* _____ *Parent* _____ *Para* _____ *Administrator* _____ *Other* _____

Academic Date(s) Collected: _____

DIVS: *PNF* _____ (____) *RDF* _____ (____)

DIBELS: *LNF* _____ (____) *ISF* _____ (____) *FSF* _____ (____) *PSF* _____ (____)

NWF(CLS) _____ (____) *NWF(WWR)* _____ (____)

CBM: *ORF* _____ (____) *D-ORF* _____ (____) *Maze* _____ (____) *DAZE* _____ (____)

Write _____ (____) *M-CAP* _____ (____) *M-COMP* _____ (____)

Other: _____

Other: _____

Behavior Date(s) Collected: _____

Direct Observation(s): _____ Results: _____

Rating Scale(s): _____ Results: _____

Other: _____

Other: _____

When, Where, and With Whom are the behaviors most and least likely to happen?

Please list the student's strengths (i.e., academic, behavioral, personal, etc.):

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Please identify intervention strategies that have been implemented in the past. If possible, attempt to summarize whether the intervention effectively improved outcomes for the student:

Is there any other information about the student that you think will help the IST improve outcomes for the student? _____

When is it a good time to observe the student demonstrating the identified problem?

Day _____ Time _____ Class Activity _____