



Diocese of Columbus

Form 6: IAT Referral Form—Grades K-3

Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

Family Composition:

___ Intact ___ Divorced ___ Separated ___ Deceased Parent (specify): _____

Parent(s): _____

Number of Siblings: _____ Position (e.g. youngest): _____

Significant Health Problems: _____

Documented Disability (e.g. LD / ADHD): _____

Identify areas in which student displays significant difficulties or functions significantly below expected level.

Oral Language

- ___ Oral expression of thoughts and ideas
- ___ Communication with peers
- ___ Communication with adults
- ___ Comprehension of oral language
- ___ Following verbal directions
- ___ Limited speaking vocabulary
- ___ Nonverbal (selective)

Speech

- ___ Stutters
- ___ Difficulty articulating speech sounds
- ___ Unusual voice quality (pitch)

Processing

- ___ Fine motor/eye-hand coordination
- ___ Gross motor/general clumsiness
- ___ Reversals/transpositions
- ___ Manuscript/Cursive handwriting
- ___ Copying from the board
- ___ Copying from a book or paper
- ___ Visual memory
- ___ Auditory memory
- ___ Sequencing
- ___ Retaining information over a period of time



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Form 6: IAT Referral Form—Grades K-3 (Cont'd)

Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

Identify areas in which student displays significant difficulties or functions significantly below expected level.

Reading

- Letter/Sound discrimination
- Letter identification
- High Frequency word recognition
- Phonics skills
- Comprehension (factual, critical)

Written Language

- Paper Orientation
- Writing utensil grip
- Writing pressure (too dark, too light)
- Writing from left to right
- Writing on the line
- Letter formation
- Letter reversals
- Legibility
- Mechanics/Grammar
- Composition (ideas on paper)

Learning Behaviors

- Distractibility/Maintaining attention
- Impulsivity
- Overactive/Underactive
- Unmotivated
- Easily frustrated
- Organization
(loses/forgets work or materials)
- Beginning or completing a task
- Changes in routine
- Working independently
- Working in groups
- Inconsistency in academic performance



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Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

Identify areas in which student displays significant difficulties or functions significantly below expected level.

Math

- ___ Number recognition
- ___ Counting to
- ___ Skip counting
- ___ Number reversals
- ___ Basic operations
- ___ Addition
- ___ Subtraction
- ___ Multiplication
- ___ Division
- ___ Understanding number concepts
- ___ Place value
- ___ Money
- ___ Time
- ___ Measurement
- ___ Inequalities

Social Adjustment/Adaptive Skills

- ___ Develops and maintains appropriate friendships
- ___ Relates appropriately with adults
- ___ Withdrawn
- ___ Persistent sadness/gloominess
- ___ Sudden or frequent emotional outbursts
- ___ Chronic lying/cheating/stealing
- ___ Interpreting social cues
- ___ Frequently interrupts/distracts class
- ___ Accepting responsibility for own behavior
- ___ Socially immature
- ___ Immature language
- ___ Delayed self-help skills
- ___ Easily influenced by peers



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Form 6: IAT Referral Form—Grades K-3 (Cont'd)

Date: _____

Student: _____ Date of Birth: _____ Age: _____ Sex: _____

Grade: _____ Teacher(s): _____

Standardized Test Information:

(Use National Percentile Scores)

Terra Nova Test: (Year) _____

Reading: (%tile) _____ Language: (%tile) _____ Math: (%tile) _____ CSI: (%tile) _____

(STAR) Reading: (Date of Test) _____

(STAR) Math: (Date of Test) _____

(%tile) _____

(%tile) _____

School History

Attendance Current School Year:

Day Present: _____ Days Absent: _____ Tardy/Left Early: _____

Number of previous schools attended: _____

Most recent school attended other than present school: _____

Grade(s) retained: _____

Documents available on this student:

_____ Intervention file _____ Psychological/MFE: (Date) _____ _____ Medical: (Date) _____

_____ Other: (Please specify) _____

Previous special or remedial services (Check all that apply):

_____ Title 1 _____ Reading Support Program

_____ Speech/Language _____ Remedial Tutoring (Specify subject area): _____

_____ Other (Please Specify): _____

Additional Comments or observations:

Referring Teacher Signature: _____

**Please attach work samples and documentation of intervention attempts you have made in class including the outcomes of the interventions and amount of time the interventions were implemented.*