

## IAT Consultation (Grades 7-12) Referral & Information Gathering

*Please complete all sections.*

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_

Teacher: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**AREA**  
**Concerns:**

**INFORMATION**

**Baseline Data:**  
**Skills:**  
**Data:**

**Attach intervention history for low progress readers and writers: work samples, test scores, etc**

**OAT/OGT:** Math \_\_\_\_\_ Reading \_\_\_\_\_ Writing \_\_\_\_\_ Sci \_\_\_\_\_ S.S. \_\_\_\_\_  
Explorer ACT \_\_\_\_\_

AIMSWEB:

**Reading/Language Arts/Writing:**

**Math:**

**Behavior:**

**DASL info:**

**SWIS:**

**Record Review:**

**Attendance:**

**Parent Involvement:**

**# of Previous Schools:**

**Important Info. From Cum. Folder:**

**Consultation  
w/ Previous**

**Teachers:  
Conferences w/  
Parent(s):**

**Previous  
Interventions:**

Small Group

Reading Interventions:

Read 180 \_\_\_\_\_

Title I \_\_\_\_\_

Tutoring

Speech

OT/PT

RTI (specify):

Outside Agencies

Retained

Other;

**Child Strengths:**

**Desired  
Outcomes:**

**Comments:**

**Participants:**

Revised: 3/09

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