

IAT Consultation (Primary Grades) Referral & Information Gathering

Please complete all sections.

Name: _____ **Gender:** ____ **DOB:** _____ **Grade:**

Teacher: _____ **Ethnicity:** _____ **Date Completed:** _____

AREA
Concerns:

INFORMATION

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

Skills:

Data:

Reading:

K-RAL:

DRA:

LID:

HRISW:

OAT:

Spelling:

AIMSWEB:

Language Arts:

OAT:

Writing Samples:

Math:

OAT:

Readiness Skills: a) Colors

b) Shapes

c) Counting

d) Letters & Sounds

Behavior:

DASL info:

SWIS:

Record Review:

Attendance:

Parent Involvement:

of Previous Schools:

Important Info. From Cum. Folder:

**Consultation
w/ Previous
Teachers:**

**Conference(s) w/
Parent(s):**

**Previous
Interventions:**

Small Group

Reading Recovery

LLI

1 on 1 Volunteer

Tutoring

Speech

OT/PT
Medication(s)

Outside Agencies

Retained

Other

Child Strengths:

**Desired
Outcomes:**

Comments:

Participants:

Revised: 3/09
