

School Name

Intervention and Referral Services Final Report

School Year: _____

Compiled and Submitted by: _____, Principal

1. Team Membership

<u>Grade</u> Name, Title _____ _____ _____ _____	<u>Grade</u> Name, Title _____ _____ _____ _____	<u>Grade</u> Name, Title _____ _____ _____ _____
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2. Review of Cases

	Grade	Grade	Grade
Total Cases:			
Males			
Females			
Caucasian			
African American			
Hispanic			
Other			
SED			
CST Referred			
Qualified for Special Educ.			

Additional Data:

3. Individual Case Feedback from Classroom Teachers (Teachers names will remain anonymous for this report.)

4. Compilation of Feedback from End of the Year Meeting

5. Future Goals/Recommendations/Programming Ideas