

AREA SCHOOL DISTRICT
, PA 17057

TITLE 1 REFERRAL

Student Name _____ Referral Date _____

Classroom Teacher _____ Grade _____

School _____

Reason for Referral

Specific Classroom/ELO Interventions

Outcomes

Current (or most recent) Reading Checklist Information (Please attach a copy.)

Level _____ Oral Reading Accuracy _____ Comprehension _____
Date administered _____

Instructional Recommendation _____

Sub-Test Scores:

Letter Naming Fluency _____

Phoneme Segmentation Fluency _____

Nonsense Word Fluency _____

Oral Reading Fluency _____

Proficiency Level _____

SCREENING OUTCOME

____ Student qualifies for Title 1 Services

____ Student does not qualify for Title 1 Services at this time

Comments:

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