

SCHOOL-BASED COMMITTEE REVIEW(CPST/RTI)

**Assignment to a Behavior Intervention Program Grades 6-12
(To be included in packet sent to Student Services Department)**

SCHOOL: _____

STUDENT: _____

GRADE: _____ DATE OF BIRTH: _____

REFERRED BY: _____

DATE: _____

**THE FOLLOWING INFORMATION SHOULD BE REVIEWED TO DETERMINE THE FINAL
RECOMMENDATION TO CONDUCT OR NOT CONDUCT A COMPREHENSIVE EVALUATION:**

- Psychosocial Evaluation (Attach Report)
- Previous Psychological Evaluation (if yes, Year _____(Attach Report)
- Discipline File
- Attendance Records
- Interventions Attempted Results included in RTI data
- Academic History, Retentions, Mobility, etc.
- TERMS Panels: A03, A06, A07, A10, A13, A15, A21, A23, A24, L27
(Panels do not need to be included but should be updated prior to submission of packet)

COMMENT SECTION (i.e. rationale for the decision to conduct or not conduct a comprehensive evaluation):

MEETING ATTENDED BY: *(Please include title next to name)* (Recommended members: Social Worker, Psychologist, Guidance)

- Recommended for Comprehensive Evaluation**
- Not Recommended for Comprehensive Evaluation**
