Middle & High School Title 1 / Intervention Referral Form

1. Student & Course Information

- **Student Name: _____**
- **Grade / Age: _____**
- **Date: _____**
- **Referring Person:** ☐ Parent/Guardian ☐ Teacher ☐ Counselor ☐ Self
- **Current Class(es) of Concern: _____**

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2. Reason for Referral *(Check all that apply)*

- ☐ **Academic Performance:** Failing grade or drop of ≥2 letter grades in a core subject (Math, English/Language Arts, Science, Social Studies)
- ☐ **Assessment Indicators:** Low scores on benchmark assessments (e.g., NWEA MAP, state standardized testing)
- ☐ **Credit Deficit:** Behind on credits required for graduation or grade advancement
- ☐ **Task Completion:** Missing multiple major assignments, projects, or assessments
- ☐ **Study & Executive Functioning Skills:** Difficulty with organization, note-taking, time management, or test preparation
- ☐ **Attendance / Engagement:** Frequent absences, tardiness, or disengagement impacting performance

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3. Academic Details & Observed Challenges

- **Primary Subject Area(s):** ☐ Math ☐ Reading/ELA ☐ Writing ☐ Science ☐ General Academic Support
- **Specific Academic Difficulty:** *(e.g., algebraic concepts, reading comprehension, essay structure, exam preparation)*

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4. Strategies & Interventions Attempted *(Check all that apply)*

- ☐ Attended teacher office hours, tutoring, or study table
- ☐ Provided modified assignments, extended deadlines, or re-test options
- ☐ Used digital practice tools (e.g., IXL, Khan Academy, subject learning portals)
- ☐ Communicated regularly with classroom teachers / school counselor
- ☐ Established home study routines / monitored online grade portal

- ☐ Other: _____

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5. Requested Support / Next Steps

- ☐ Supplemental Title 1 Math Support
- ☐ Supplemental Title 1 Reading / Literacy Support
- ☐ Targeted Guided Study / Executive Functioning Support
- ☐ Meeting with Academic Intervention Team / School Counselor

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6. Parent / Guardian Consent & Request I request that the Title 1 / Academic Support Team evaluate my child's academic progress to determine eligibility for supplemental academic intervention services.

Parent/Guardian Signature: _____ Date: _____