



**Bethlehem Central School District**  
**Delmar, New York**  
**Referral to CST**  
**Referral to Child Study Team**

Prior to submitting this form to your building principal, please make sure that you have completed the following steps:

Note: To check a box, double click the box, click checked (under default value) then click OK.

- Parents or guardians have been notified that a referral is being made to the Child Study Team, and the reason for the referral have been explained to them.
- Accurate information (date of birth, previous school experiences) have been obtained.
- The student's cumulative folder has been reviewed, and useful information referenced in the referral. Please bring the folder to the meeting.
- Standardized assessment scores have been included on page 3.
- Student work samples have been secured and will be available at the meeting.
- Please provide as much detail as you possibly can when filling out the referral to the Child Study Team. It is important that the Child Study Team have an accurate picture of the child's strengths and difficulties you are observing, and the specific interventions you have taken prior to the meeting to help resolve your concerns.



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**Referral to CST**  
**Referral to Child Study Team**

<b>Student Name:</b>	DOB:
Parents(s):	Tel. No.
School:	Grade/Teacher:
Referral completed by:	

**REASON FOR REFERRAL - Please choose one of the following:**

Is the referral related to a Behavioral Concern?  Is the referral related to an Academic Concern?  Is the referral related to a Behavioral and Academic Concern?

**Behavioral:** Describe student's assets and strengths.


**Describe student's difficulties and concerns.** (Identify specific behaviors such as hitting, meltdowns, withdrawn etc. For a complete list of behaviors please go to EagleNet.


**Academic:** Describe student's assets and strengths:


**Describe student's difficulties and concerns that are not appropriate, taking into consideration the student's prior school experience.**


	Uppercase/ Lowercase	Sounds	Rhyme	Spelling	Word ID1/ Word ID 2	Rigby Level	Accur.	Retell	Comp	Guided Rdg Level	Math (on Grade level?)
Kdgtn											
1st											
	Rigby Level	Accur.	Retell	Comp	Guided Rdg Level	Math (on gr. Level?)					
2 <sup>nd</sup>											
	Assessment Used (Rigby or Burns & Roe)	Instruct. Reading Level	Accur.	Retell	Comp	Guided Rdg Level	State ELA Level	State Math Level			
3 <sup>rd</sup>											
4 <sup>th</sup>											
5 <sup>th</sup>											

Other assessments used with results:

**Support Services the Child Currently Receives:**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Reading     | <input type="checkbox"/> Math             | <input type="checkbox"/> Jumpstart                 |
| <input type="checkbox"/> Speech      | <input type="checkbox"/> AIS              | <input type="checkbox"/> Kindergarten Intervention |
| <b>Improvement</b>                   |   |  |
| <input type="checkbox"/> Summer ELA  | <input type="checkbox"/> Guidance Support | <input type="checkbox"/> Behavioral Specialist     |
| <input type="checkbox"/> Social Work |   |  |

**Interventions and Results thus far:**

Date:
Type of intervention:
Outcome:
Date:
Type of intervention:
Outcome:

**CST Meeting Date: \_\_\_\_\_**

**Staff Present: \_\_\_\_\_**

**Who will be following up with the parents regarding the results of this meeting? \_\_\_\_\_**

CST Suggestions (Please number)	Person responsible for implementing	Trial Period	Next Meeting Date	How do we know the intervention is working?

If the CST recommends the principal refer the child to The Committee of Special Education, the “Referral to CSE for Initial Evaluation” must be completed, signed by the principal and forwarded to the CSE chair.