

Form A: *PRE-IAT REFERRAL AND OBSERVATION FORM*

Student Name _____ Grade _____ Date _____

Referred by _____

Absences _____ Tardies _____

Descriptions of Student Problems as you view them.

Behavior _____

Academic: _____

Physical Symptoms _____

Describe interventions that have been implemented, and the resources provided in the applicable areas below.

Strategies used to resolve the problem:

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Results:

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Length of time:

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Curriculum modification:

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Classroom arrangement and/or modification:

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Modified or special materials:

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Behavior management strategies:

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Thank you for your help in evaluating this student. Your input is necessary to the success of this program. IAT

IAT Use Only

Date Form A received: _____ Date Form B sent: _____ Follow-up Date: _____