

**Dalhart ISD**  
**Special Services**  
**Intervention & Assistance Team Documentation for Speech Referrals**

**Purpose:** If a teacher, parent, interventionist, etc. have a specific concern with a student's academic progress, a referral for special education testing can be initiated by requesting an Intervention & Assistance Team Meeting (IAT). The following individuals are responsible for taking such requests on each campus:

DES: Christi Przilas  
DIS: Jana Lees  
DJHS: Kely Kitchens  
DHS: Christy Dovel

DCA: Melissa Ritchey  
St. Anthony: Shay Batenhorst

**Referrals:** A request for an IAT should be made once a teacher, therapist, interventionist, etc. has worked with a **newly enrolled student** for at least 4 weeks. **An IAT can be set up as soon as possible for a student that already has historical data from the attending DISD campus or prior DISD campus and has already met with the parent to discuss concerns.** Documentation of the parent meeting needs to be kept. Then, the IAT process should proceed as outlined below:

**IAT Guidelines:**

**Meeting One:**

- Teacher, parent, therapist, interventionist, etc. requests a meeting with IAT campus leader.
- IAT leader distributes the paperwork before meeting to teacher to be completed.
- Once paperwork (*Section I*) has been completed, an intervention meeting should be scheduled by the campus leader.
- At the intervention meeting discuss completed paperwork and determine as a team if speech testing needs to be conducted.

**Attendance for Intervention Meeting: teacher(s), parent, Campus IAT Leader, ESL teacher (if applicable), Speech Therapist**

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**Date:** \_\_\_\_\_

**I. Identifying Information**

**Student Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Yes**  **No** Is the student currently enrolled?

**Yes**  **No** Has the student ever been retained? \_\_\_\_\_ If YES, what grade(s)? \_\_\_\_\_

**Yes**  **No** Have there been any discipline referrals this school year? If YES, describe the problematic behavior(s) \_\_\_\_\_  
ISS? \_\_\_\_\_  
Suspension? \_\_\_\_\_

**Yes**  **No** Has the student ever been referred for special education before? If so, for what reason?  
\_\_\_\_\_  
\_\_\_\_\_

**A. Attendance:** Please see student's cum folder and record attendance for the current school year & previous:

- Current school year's attendance: \_\_\_\_\_ days out of \_\_\_\_\_ school days this year.
- Previous school year's attendance: \_\_\_\_\_ days out of \_\_\_\_\_ school days.
- Please list all schools attended in the past 3 years if applicable
  - 1.
  - 2.
  - 3.
  - 4.

**B. Health History:** Ask parents at first meeting if there is any significant health history or if the child is currently under the care of a physician for any medical condition. Medications taken regularly? Surgeries? Any problems at birth? (Record any pertinent data below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Present Levels of Academic/Behavioral Performance** (record student's levels using grades, test scores, STAAR scores, progress monitoring data, CBA's, etc. to discuss at meeting #1 and to help identify needed interventions) If there is an area of no concern, note "Average ability" or "Area of Strength"

**A. Reading:**

1. Fluency – \_\_\_\_\_
2. Vocabulary- \_\_\_\_\_
3. Comprehension- \_\_\_\_\_

**B. Math:**

1. Computation ability- \_\_\_\_\_
2. Reasoning ability- \_\_\_\_\_
3. Fluency with facts- \_\_\_\_\_

**C. Writing:**

1. Ability to convey ideas in writing- \_\_\_\_\_
2. Spelling – \_\_\_\_\_

**D. Listening ability:**

1. Following classroom directions- \_\_\_\_\_
2. Overall listening comprehension- \_\_\_\_\_

**E. Speech/Oral Language:**

1. Articulation – \_\_\_\_\_
2. Expressive language ability- \_\_\_\_\_

**F. Behavior/Attention**

1. Description of overall behavior- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Attention/Focus- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Meeting # 2**

**Date:** \_\_\_\_\_

**Gather all referral paperwork including progress monitoring results from interventions implemented to bring to meeting. See referral checklist.**

**Record present levels of performance:**

**III. Present Levels of Academic/Behavioral Performance** (record student's levels using grades, test scores, STAAR scores, progress monitoring data, CBA's, etc. to discuss at meeting #1 and to help identify needed interventions) If there is an area of no concern, note "Average ability" or "Area of Strength"

**G. Reading:**

- 4. Fluency – \_\_\_\_\_
- 5. Vocabulary- \_\_\_\_\_
- 6. Comprehension- \_\_\_\_\_

**H. Math:**

- 4. Computation ability- \_\_\_\_\_
- 5. Reasoning ability- \_\_\_\_\_
- 6. Fluency with facts- \_\_\_\_\_

**I. Writing:**

- 3. Ability to convey ideas in writing- \_\_\_\_\_
- 4. Spelling – \_\_\_\_\_

**J. Listening ability:**

- 3. Following classroom directions- \_\_\_\_\_
- 4. Overall listening comprehension- \_\_\_\_\_

**K. Speech/Oral Language:**

- 3. Articulation – \_\_\_\_\_
- 4. Expressive language ability- \_\_\_\_\_

**L. Behavior/Attention**

- 3. Description of overall behavior- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**4. Attention/Focus-**

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**Referral Check List:**

**Paperwork fully completed for IAT meeting**

\_\_\_\_\_ **If student is in ESL, all LPAC documentation including TELPAS scores, initial evaluation data, etc.**

\_\_\_\_\_ **Report Cards for previous school year and current school year**

\_\_\_\_\_ **Attach copies of State Assessment Scores from previous 1-2 years if applicable**

\_\_\_\_\_ **Home Language Survey**

\_\_\_\_\_ **Vision/Hearing Screening Results**

\_\_\_\_\_ **All Progress Monitoring Data (see examples below)**

**CBA results**

**Benchmark grades**

**Any computer program progress monitoring results (such as Istation, etc.)**

**Direct intervention progress monitoring results**

**Documentation of parent contact during interventions**

**Action Plan:**

- Continue in current intervention**
- Refer for dyslexia assessment**
- Refer to 504 Committee**
- Refer for a Full and Individual Evaluation through Special Education**
- No further action required – student is making adequate progress**

<b>Committee Member</b>	<b>Position</b>	<b>Agree</b>	<b>Disagree</b>
_____	<b>Parent</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>Admin/Counselor</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>Classroom Teacher</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>Interventionist</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>Diagnostician</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>ESL</b>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<b>Speech Therapist</b>	<input type="checkbox"/>	<input type="checkbox"/>