

**Referring Teacher
Nauset Tiered System of Support
Support Request**

Referring Staff: _____ Date: _____

Student Name: _____ D.O.B. _____ Grade _____

Date Cumulative File Reviewed: _____

Parent/Guardian Contact Prior to NTSS Referral

Date(s) of Contact: _____

____ Phone Call ____ Conference ____ Home Visit

How and when was parent notified of NTSS referral: _____

Reason for Referral (Primary Concern):

Interventions Utilized:

Begin date _____ End date _____

How did it work?

Have you offered/provided after-school help to the student? ____ Yes ____ No

What are the student's strengths, talents or specific interests?

1. _____
2. _____
3. _____

Please attach the following information with this referral:

- | | |
|--------------------------------------|---|
| ____ Pertinent student work samples | ____ Reports from Special Subjects teachers |
| ____ Student's Literacy Support Plan | ____ Most recent report card |
| ____ Progress Monitoring data | ____ Writing benchmark scores |
| ____ Student Attendance Record | ____ Current Grades |

Please plan to attend the meeting (convenient afterschool day) and please come prepared to summarize the student's educational history. RETURN THIS FORM TO GUIDANCE.