

Shelburne Community School Summer School Referral Form

June 16 – June 27 and August 4 – August 15, 2008 (7:30 a.m. – 12:00 p.m.)

Student: _____ Grade: _____

Teacher: _____ Is this child on an IEP? _____

Case Manager: _____

Why are you referring this child? _____

What skills would you like our teachers to focus on? _____

Please list specifics of student's difficulties: _____

Please circle all that apply.

Must have models

Needs hands on experience

Very easily distracted

Short attention span

Can work independently

Works well in small group

What teaching strategies have been successful or unsuccessful with this student?

Please complete these phrases:

This student learns best when: _____

This student learns least when: _____

Applications must be complete, detailed and timely for consideration. Incomplete and/or untimely applications will be returned.

Summer School Student Accommodations, Referral and Plan

Teachers are responsible for providing resources and outlining learning goals for the student(s) they refer. This plan should be a continuation of services currently being provided by the special educator and/or classroom teacher.

Please describe any services provided to this student outside the regular classroom and amount of time per week:

Please describe accommodations in the regular classroom for this student:

What technology/software has been successful with this student?

The likelihood of this student's attending if parents must transport?

Are there any specific materials and/or software that you would like to see the student use? (Note: The summer school program will be responsible for returning or replacing items used.)

Date of parent contact: _____ Contacted by: _____

Any important information from parents (absent dates, other appointments, etc.):