Alachua County
Public Schools

Student Support Services
Educational Planning Team Recommendation Form

Student Name:_____ Today's Date:_____

Student #:_____ School:_____ Grade:_____

Date of Birth:_____ Sex:_____ Race:_____ Primary Language at Home_____

Parent/Guardian Name:_____

Parent/Guardian Address:_____

Parent/Guardian Home Phone:_____ Work Phone:_____

Reason for Referral: Date:_____ Data Entry Date:_____

Reason Code(s): ☐ Learning ☐ Behavior ☐ Truancy

☐ Health ☐ Emotional ☐ Consider for 504 Eligibility

Statement of Student's Current Level of Performance or Area of Need:

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Team Recommendations:

☐ Academic Intervention ☐ Behavior Intervention ☐ Curriculum Change

☐ Counseling Intervention ☐ Teacher Change ☐ Classroom Accommodation

☐ Dropout Prevention ☐ Other:_____

Description of Intervention/Instructional Support:

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☐ I have received a copy of parent Information for Students Receiving Intensive Interventions.

☐ Parent not in attendance. Parent information for students receiving intensive interventions sent home on _____

Participants:

Parent/Guardian:_____ Name/Title:_____

Name/Title:_____ Name/Title:_____

Name/Title:_____ Name/Title:_____

Student Name:_____ Today's Date:_____

Update/Review Progress Monitoring (check all that apply):

☐ Reviewed Progress Data   ☐ Referral to Outside Agency   ☐ Referral for Gifted Evaluation

☐ Continue Intervention   ☐ Referral for Section 504   ☐ Referral Psychoeducational Evaluation

☐ Add/Change Intervention   ☐ Determine 504 Eligibility   ☐ Recommend Alternative Placement

☐ Other:_____

Current Level of Performance:

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Continuation or Changes in Interventions/Instructional Support:

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<u>Participants:</u>

Parent/Guardian:_____   Name/Title:_____

Name/Title:_____   Name/Title:_____

Name/Title:_____   Name/Title:_____

Form No: STU-2324-023 – Educational Planning Team Recommendation Form / Pre-Referral   Distribution: __School/Principal
New Date: 4/2/24   __Parent
Page 2 of 3   __District

Student Name:_____ Today's Date:_____

Update/Review Progress Monitoring (check all that apply):

☐ Reviewed Progress Data   ☐ Referral to Outside Agency   ☐ Referral for Gifted Evaluation

☐ Continue Intervention   ☐ Referral for Section 504   ☐ Referral Psychoeducational Evaluation

☐ Add/Change Intervention   ☐ Determine 504 Eligibility   ☐ Recommend Alternative Placement

☐ Other:_____

Current Level of Performance:

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Continuation or Changes in Interventions/Instructional Support:

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<u>Participants:</u>

Parent/Guardian:_____ Name/Title:_____

Name/Title:_____ Name/Title:_____

Name/Title:_____ Name/Title:_____

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Page 3 of 3   __District