



## TAT Preparation and Documented Pre-Referral Interventions

*Complete all sections up to the dotted line prior to the TAT meeting.*

Teacher/Referring Person: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Race: \_\_\_\_\_ If Native American, Indian Education Notified: ☐ Yes ☐ No

History of School Enrollment:	
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History of absenteeism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
History of retention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
History of behavioral concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Physical, health, or medical problems or concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Vision Screening conducted in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Hearing Screening conducted in the last year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Environmental, diversity, or family factors affecting education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Outside agency evaluation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:

Previous special education assessments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Previous Title I/Assurance of Mastery/ADSIS, or other services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Describe:
Previous Interventions and/or accommodations if known (Reading Recovery, LLI, Etc.)			
If vision and hearing screening have not been conducted within 1 year, Inform parent/guarding that screenings will be conducted. Parent was informed of vision/hearing screenings:	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Necessary	

**Initial Parent Contact** (to notify parents of concerns, and the intent to begin pre-referral interventions.)

***Complete before meeting with the TAT.***

Date Parent Contacted: \_\_\_\_\_

Person Making Contact: \_\_\_\_\_

Type of contact:

- ☐ Phone call
- ☐ Conference/Face-to-Face Visit

Check each area of concern:

- ☐ Academics
- ☐ Behavior
- ☐ Motor
- ☐ Speech/Language
- ☐ Sensory
- ☐ Other

Describe area(s) of concern of problem behavior. What do the interventions need to address?

**Attach any previous progress monitoring graphs or intervention records less than a year**

old, if available.

*Relevant Assessment Data (MCA, MAP, AIMSweb, Curricular, Other)*

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**Complete the rest of the form at the TAT Meeting(s).**

Note: Pre-referral intervention Requirements: Academic interventions should be conducted 4-5 days a week for at least 20 minutes per session in a 1:1 to 1:3 setting for at least 30 school days. Two interventions must be completed. For behavioral interventions, a behavioral skill or strategy should be taught, and the interventionist should have daily contact with the student. Documentation of parental notification must be provided.

**Intervention 1.**

Choose and describe an intervention that addresses area/behavior of concern. Dates:\_\_\_\_\_ to:\_\_\_\_\_

Baseline <b>Data</b> of the skill/problem behavior (including relevant assessment scores):
Which intervention are you using?
Intervention Plan (frequency, setting, progress monitoring procedures/tool):
Person Responsible:

**Intervention 2.**

Choose and describe an intervention that addresses area/behavior of concern. Dates:\_\_\_\_\_ to:\_\_\_\_\_

Baseline <b>Data</b> of the skill/problem behavior (including relevant assessment scores):
Which intervention are you using?
Intervention Plan (frequency, setting, progress monitoring procedures/tool):
Person Responsible:

**Parental Notification of Intervention – Complete after intervention(s) is/are planned.**

Date Parent Contacted:
Type of Contact: <input type="checkbox"/> <b>Phone Call</b> <input type="checkbox"/> <b>Letter/Note/Email</b> <input type="checkbox"/> <b>Home Visit</b> <input type="checkbox"/> <b>Conference/Face-to-Face Visit</b>
Person Making Contact: _____ Information/Comments from Parent: _____

Date Parent Contacted:
Type of Contact: <input type="checkbox"/> <b>Phone Call</b> <input type="checkbox"/> <b>Letter/Note/Email</b> <input type="checkbox"/> <b>Home Visit</b> <input type="checkbox"/> <b>Conference/Face-to-Face Visit</b>
Person Making Contact: _____ Information/Comments from Parent: _____

**Intervention Results** – include measurable outcome data (assessments, etc.); attach AIMSweb progress monitoring graphs or other record-keeping data):

Measurable Outcome <b>Data</b> for Intervention #1:
Measurable Outcome <b>Data</b> for Intervention #2:
Narrative of results (both interventions):

**Group Decisions/Action**      Date

- ☐ The intervention was effective. No referral needed. Place all documentation in the cumulative file.
- ☐ Intervention appears to be effective. Continue and review progress on \_\_\_\_\_ (date).
- ☐ Modify current intervention. Indicate modifications above and on AIMSweb or in interventionists record-keeping system.  
Review on \_\_\_\_\_ (date).
- ☐ Try a different intervention. Complete a new TAT Intervention Plan and attach to this document.  
Review on \_\_\_\_\_ (date).
- ☐ Refer student to CST. Place a copy of this intervention information in the student’s cumulative folder. Keep these originals and  
attach to the CST procedural paperwork.