

Pittsburg Community School Student Improvement Team
Recommendation Form and Assurances Page

Student name _____ DOB _____

SS# _____

KIDS # _____

Assurances

YES NO The child has been presented with appropriate instruction in regular education settings delivered by qualified personnel.

YES NO The child's academic achievement was repeatedly assessed at reasonable intervals that reflected formal assessment of the student's progress during instruction.

YES NO The intervention and assessment results were provided to the child's parent or parents.

YES NO A record of dates the General Education Team has met, names and positions of team members and recommendations have been completed.

Final Recommendations:

_____ Successful general education interventions-no further team support needed

_____ Refer for: _____ 504 Action
_____ Other Agency Involvement
_____ Other _____

_____ Continue general education interventions-SIT should continue to monitor/forward to next grade teacher(s).

_____ SIT team has not been successful in meeting the needs of the student. The LEA agrees that a referral for special education evaluation is appropriate. The parent of the child will be given a copy of the procedural safeguards and must give written consent for an evaluation to be completed.
Person to notify parent of referral: _____

Signature of administrator/designee _____ Date _____

**This signature denotes that evidence of the above assurances is provided in attached documentation.

Signatures of team members:

