

IAT Checklist

- IAT Referral form (completed)
- Attendance history (*) (updated if significant changes occur)
- *Connections/grades*
- Background Information (educational, medical, family history)
- Clearly defined concern
- Strengths & Weaknesses (be specific, not necessarily academic)
- *In-class progress as compared to peers* (formative/summative assessments)
- Performance in other classes (Typically for High School level)
- *Data points* (3 minimum—e.g., practice OAA, DIBELS, Lexile, Read Naturally, Fresh Reads, etc.)
- Speech/Language concerns?
- OT/PT concerns?
- Behavioral concerns? (e.g. maintaining focused attention)
- Additional information (as needed or appropriate)

Please Note: Starred items (*) need updated information at each meeting following the initial referral meeting

Definitions of Key Terms:

- Background information (educational, medical, family history): Number of schools in attendance, attendance at preschool, previous IAT/formal testing information, history of homeschooling, diagnoses, medications, glasses, home support, siblings at home, home dynamics (living with both parents, divorced, etc.)
- Clearly defined concern: E.g., Instead of “reading concerns,” “concerns with phonics, decoding, blending, segmenting, chunking, comprehension, or fluency”
- Speech/Language concerns: Do articulation skills impact educational performance (e.g., peer interactions, during reading, participation)? Does the student have difficulties verbalizing responses, understanding others/directions, using age-appropriate grammar, etc.?
- OT/PT concerns: Does the student have poor handwriting or appear to have difficulties copying information? Does the student have difficulties successfully navigating the school environment?
- Behavioral concerns: Does the student have difficulties maintaining focused attention in class? Does the student have difficulties interacting appropriately with his/her peers/others (e.g., bullying)? Does the student appear sad/depressed? Does the student have appropriate adaptive behavior skills (e.g., daily living skills)? Does the student appear to have test/performance anxiety?

IAT Referral Form

Student Name _____ Grade _____ DOB _____ Date _____

Teacher: _____

Define the problem (Please be specific)

Background Information & Attendance History:

Strengths/Weaknesses:

Where is this student performing in relation to the class average?

Related Services Concerns (Speech/Language, OT/PT, Behavior):

IAT Referral Form

Date _____
(IAT on File)

Student Name _____ Grade _____ DOB _____

Teacher _____

Define the problem (Please be specific): Is this a continuation of the prior year or is this a new problem?

Attendance update and/or any new relevant background information:

Strengths/Weaknesses:

Where is the student performing in relationship to the class average?

Previously used interventions: (This can be found when reviewing last year's IAT)