

## GLTM Referral/Planning Form

Student Name: \_\_\_\_\_

**STEP 1: Referring Staff member** - fill out form below, then **hand** this form to Heather *by the end of the day on Wednesday* for the next week's GLTM agenda.

Referring member(s): \_\_\_\_\_ Date: \_\_\_\_\_

Description of the concern: \_\_\_\_\_  
\_\_\_\_\_

Background information: \_\_\_\_\_

Steps already taken: \_\_\_\_\_  
\_\_\_\_\_

Date of parental notification and relevant input: \_\_\_\_\_  
\_\_\_\_\_

**STEP 2: GLTM leader** - conduct Cum File Review, fill out form below, attach a copy of the student's schedule.

State Assessment Testing: \_\_\_\_\_

District Reading Assessment: \_\_\_\_\_

Record of IEP? \_\_\_\_\_

Relevant information: (academic , medical, and/or behavioral) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Referral/Planning Form Steps 3 - 5 (page 2)**

**Date:** \_\_\_\_\_

**STEP 3:** GLTM leader, use form below to elicit input from **staff at GLTM meeting.**

Classes of Concern: \_\_\_\_\_

Strengths: \_\_\_\_\_

Clear description of the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teachers' goal: We would like to see the student improve in \_\_\_\_\_

\_\_\_\_\_

**STEP 4:** GLTM staff brainstorm possible Action Plans **at the GLTM meeting.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 5:** Identify classroom action plan & people responsible for plan **at the GLTM meeting.**

**Person(s)  
Responsible**

**Review  
Date**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Referral/Planning Form Step 6 (page 3/4)**

**STEP 6: Review of Plan/Next Steps (completed at GLTM or SST)**

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____

**Student Referral/Planning Form Step 6 (page 3/4)**

**STEP 6: Review of Plan/Next Steps (completed at GLTM or SST)**

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____

**Date:** \_\_\_\_\_

What's been attempted/by whom: \_\_\_\_\_

How long: \_\_\_\_\_

Result: \_\_\_\_\_

Next Steps:	Person(s) Responsible	Review Date
_____	_____	_____
_____	_____	_____