



## Bridges Student Referral and Progress Reporting Form

Please fill out this form for each student you refer to the Bridges program.

Referring Teacher: \_\_\_\_\_ Date referred: \_\_\_\_\_

Student Name/ID#: \_\_\_\_\_ Grade level: \_\_\_\_\_

Gender: Male \_\_\_ Female \_\_\_

Ethnicity (Check one): Caucasian \_\_\_ African American \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Other \_\_\_ Is

this student identified for Special Education services? Yes \_\_\_ No \_\_\_

Is this student eligible for free or reduced lunch? Yes \_\_\_ No \_\_\_

Is this student eligible for Title I services? Yes \_\_\_ No \_\_\_

On a scale from 1 (low) to 5 (high) please rate this student's level of skill or ability in each area below under the "At time of referral" column. At the end of the year, or when the student completes the Bridges program, the Bridges Specialist will ask that you complete another set of ratings for this student under the "During last month of school" column. In either case, if you are unable to rate the student in any area, please leave that cell blank.

Circle the number that best describes your rating in each area.	At time of referral	During last month of school
Understand and apply written/verbal instruction in school work and play (comprehension)	1 2 3 4 5	1 2 3 4 5
Create and apply concepts or ideas to school work and play (conceptualization)	1 2 3 4 5	1 2 3 4 5
Concentrate or stay focused on tasks or activities (attention)	1 2 3 4 5	1 2 3 4 5
Control physical behavior (sit still, stand in line, keep hands to self) (behavior)	1 2 3 4 5	1 2 3 4 5
Confidence in ability to complete tasks successfully (confidence)	1 2 3 4 5	1 2 3 4 5
Generate solutions to academic and/or personal problems (problem solving)	1 2 3 4 5	1 2 3 4 5
Reading performance overall	1 2 3 4 5	1 2 3 4 5
Math performance overall	1 2 3 4 5	1 2 3 4 5

When finished, please fax this form to Customer Service at 281-232-3397. Thank You!