

**DATA COLLECTION TOOL ON REFERRED STUDENTS**

**I&RS Team Leader:** \_\_\_\_\_

**Month:** \_\_\_\_\_

Student	Grade	Rm.#	Racial/ Ethnic Background	Gender	Interventions	Frequency	Duration	Referral Source			Reason for Referral			Outcome		Outcome of CST Referral		
								T	P	O	A	B	H	Accepted	Denied	Referred Directly to CST	Accepted By CST	Found Eligible By CST

**Referral Source**

- T:** Teacher
- P:** Parent
- O:** Other

**Reason for Referral**

- A:** Academic
- B:** Behavioral
- H:** Health Related

**Administrator's Signature:** \_\_\_\_\_

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