



LIGHTS ON IN LANDER

POWER HOUR STUDENT REFERRAL

TO TEACHER:

This form is intended for your use in arranging the additional needs/support for your student through Lights On. **We can provide your student specialized assistance that will help increase scores, skills and abilities through Power Hour.** Please submit this form to your building principal to make the necessary arrangements for help.

Referral Date: _____ Student: _____ Grade Level: _____

Teacher: _____ School: West North South Hudson SJHS

Referred to the following area(s): Math Language Arts

Please list specific information on areas and/or levels to be addressed in Power Hour:

Reading Comments	Writing Comments	Math Comments	<u>Homework/Focus Area (Need)</u> (Primary Focus Language Arts & Math)
			Completing Work <input type="checkbox"/> { Tutoring Assistance <input type="checkbox"/> Math_____ Reading_____

Most Recent Assessment Data

DIBELS	<input type="checkbox"/> Benchmark	<input type="checkbox"/> Strategic	<input type="checkbox"/> Intensive	Date: _____
PAWS Reading	<input type="checkbox"/> Adv./Prof.	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	Date: _____
MAP Reading	<input type="checkbox"/> =>50%ile	<input type="checkbox"/> 18-49%ile	<input type="checkbox"/> <18%ile	Date: _____
PAWS Writing	<input type="checkbox"/> Adv./Prof.	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	Date: _____
PAWS Math	<input type="checkbox"/> Adv./Prof.	<input type="checkbox"/> Basic	<input type="checkbox"/> Below Basic	Date: _____
MAP Math	<input type="checkbox"/> =>50%ile	<input type="checkbox"/> 18-49%ile	<input type="checkbox"/> <18%ile	Date: _____

Comments:

Teacher's Signature _____ Date: _____

Principal's Signature _____ Date: _____

Please return to your child's school building by: _____

(Parent/Guardian): I have read and understand the above information:

Parent/Guardian Signature _____ Date: _____

IMPORTANT: Copy to: Teacher, Office & Lights On office