

**Boulder Valley School District  
Instructional Resource Team Referral (IR Team)**

IR Team Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Referring Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
Special Education Teacher: \_\_\_\_\_  
General Ed. Teacher: \_\_\_\_\_  
School: \_\_\_\_\_

\*\*\*\*\*  
***Please Attach a Copy of the  
Signed Parent Permission Form to this Referral.***  
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**Student Information**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Special Education: \_\_\_ Y \_\_\_ N I.D. # \_\_\_\_\_ Disability: \_\_\_\_\_

**Please indicate which of the following school-based providers  
(include names) have been accessed about concerns for this student:**

- SLP: \_\_\_\_\_  OT/PT: \_\_\_\_\_
- Psychologist/Social Worker: \_\_\_\_\_
- Vision: \_\_\_\_\_  Hearing: \_\_\_\_\_
- Assistive Technology Team: \_\_\_\_\_

**Request for IR Team Assistance**

The team may assist with coaching and modeling of the following: inclusion strategies, differentiated instruction, curriculum adaptation and modification strategies, social and relationship skills, visual/organizational supports, peer coaching, functional behavior assessment and positive behavior support plans, disability awareness, behavioral strategies, data collection tools and strategies, and professional development.

**Please indicate specifically what assistance is being requested:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for this referral and we look forward to assisting your team.