

Whiteville City Schools  
AIG Program Referral Form

Student's Name \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_

Date of Referral: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Signature of Referring Person: \_\_\_\_\_

Relationship to Student (check one) \_\_\_\_\_ Teacher \_\_\_\_\_ Parent \_\_\_\_\_ Self \_\_\_\_\_ Other \_\_\_\_\_

Describe why you are making this referral(Use additional page if needed):

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

**Referral Data:**

EOG **Percentile** Scores for the last **three** years, if available:

Yr. \_\_\_\_\_ R \_\_\_\_\_ M \_\_\_\_\_ Yr. \_\_\_\_\_ R \_\_\_\_\_ M \_\_\_\_\_ Yr. \_\_\_\_\_ R \_\_\_\_\_ M \_\_\_\_\_

**Classroom Grades** for the last three years, if available:

Yr. \_\_\_\_\_ ELA \_\_\_\_\_ M \_\_\_\_\_ Yr. \_\_\_\_\_ ELA \_\_\_\_\_ M \_\_\_\_\_ Yr. \_\_\_\_\_ R \_\_\_\_\_ M \_\_\_\_\_

Check if this student fits one or more of the following categories:

- \_\_\_\_\_ ESL
- \_\_\_\_\_ Exceptional Children's Program (EC)
- \_\_\_\_\_ History of poor attendance
- \_\_\_\_\_ Moved multiple times this school year How many? \_\_\_\_\_
- \_\_\_\_\_ Experienced personal trauma during the last year-(divorce, death in family)
- \_\_\_\_\_ Has home responsibilities or employment that could interfere with learning activities
- \_\_\_\_\_ Is disadvantaged socio-economically.

**Return to Counselor or Lead AIG Teacher for processing.**

**OFFICE USE ONLY**

AIG Pool No \_\_\_\_\_ Yes \_\_\_\_\_ DATE: \_\_\_\_\_

PREVIOUS REFERRAL No \_\_\_\_\_ Yes \_\_\_\_\_ DATE: \_\_\_\_\_

If Yes, Matrix Score Read \_\_\_\_\_ Math \_\_\_\_\_