

## Summer Targeted Services Remedial Kindergarten, Reading and Math 2019(CLP)

Please refer students for summer Targeted Services remedial classes. The Kindergarten program is for students currently in Kindergarten. Remedial Reading and Remedial Math are for students currently in grades 1-5 that would benefit from summer reading and/or math intervention. All submissions are due Friday, March 15 by 4 pm. Students you refer should be below the 25th percentile in 2 or more areas for the subject(s) they are being referred.

Please do not refer a student for summer Targeted Services if they will qualify for Extended School Year (ESY) services. If the student you want to refer receives SPED services, please consult with the student's case manager to discuss appropriate placement.

You will automatically receive a copy of each submission.

Your email address ([mhoeffin@bhmschools.org](mailto:mhoeffin@bhmschools.org)) will be recorded when you submit this form. Not [mhoeffin? Sign out](#)

\* Required

1. Student LAST Name \*

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2. Student FIRST Name \*

(Please type in first name that appears in Infinite Campus)

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3. Please enter students 6 digit school ID \*

Please enter the student's ID number. You can find this ID in Infinite Campus under the student name in roster. It will be used for submitting reports for Targeted Services.

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4. Current Grade \*

Mark only one oval.

- ☐ Kindergarten
- ☐ First Grade
- ☐ Second Grade
- ☐ Third Grade
- ☐ Fourth Grade
- ☐ Fifth Grade

**5. What school does this child currently attend. \****Mark only one oval.*

- ☐ Discovery  
☐ Hanover  
☐ Montrose  
☐ Northwinds  
☐ Parkside  
☐ Tatanka

**6. Classroom Teacher \***

Please list classroom teacher, this may or may not be you.

\_\_\_\_\_

**7. What services are you selecting for the student? \***

Students in Kindergarten will have a class that focuses on Reading and Math with some fun activities.  
*Mark only one oval.*

- ☐ Kindergarten (Reading and Math) (current Kindergarten students only)  
☐ Reading (current 1st -5th)  
☐ Math (current 1st-5th)  
☐ Reading and Math (current 1st-5th)

**8. This student is or has received the following services \****Check all that apply.*

- ☐ Tier II or III interventions  
☐ Targeted Services (at school site)  
☐ SPED: Reading or Math  
☐ SPED Other  
☐ Title I  
☐ MN Reading Corps  
☐ Other: \_\_\_\_\_

**9. Reason for selecting student for Summer Remedial Classes \****Check all that apply.*

- ☐ Student is struggling in reading and math and needs a summer intervention.  
☐ Other: \_\_\_\_\_

**10. Please select the areas needing an intervention in Math \***

Please select all that apply.

*Check all that apply.*

- ☐ This student does not need a math intervention.
- ☐ Number Sense
- ☐ Basic Facts/Computation
- ☐ Money/Time
- ☐ Decimals/Fractions
- ☐ Problem Solving
- ☐ Other: \_\_\_\_\_

**11. Fall NWEA MAP Math RIT Score (Grades 2-5, enter NA for grades K&1 or reading only students) (If entering Winter data, please write Winter and then RIT score) \***

\_\_\_\_\_

**12. General Performance on Math Class Assessments***Mark only one oval.*

- ☐ Good (80-100%)
- ☐ Fair (60-80%)
- ☐ Not Good (Less than 60%)

**13. Please select the areas needing an intervention in Reading \***

Please select all areas that apply.

*Check all that apply.*

- ☐ This student doesn't need an intervention in reading.
- ☐ Alphabetic
- ☐ Phonemic Awareness
- ☐ Phonics/Decoding
- ☐ Sight Words/High Frequency Words
- ☐ Fluency
- ☐ Vocabulary
- ☐ Comprehension
- ☐ Other: \_\_\_\_\_

**14. FALL NWEA MAP Reading RIT Score (Grades 2-5, enter NA for grades K-1 or math only students) (If entering Winter data, please write Winter and then RIT score) \***

\_\_\_\_\_

15. **Winter DIBELS Scores (K- please enter LSF, 1st -5th grade - please enter ORF or NA for math only students) \***
- \_\_\_\_\_

16. **Please list any information that may be helpful for the teachers who will be delivering the interventions.**

Please list the assessment and scores that would show a need. For example, high frequency words, Nonsense Word Fluency, Reading Benchmark, etc.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. **Does this student receive EL services? \***

Mark only one oval.

- ☐ No
- ☐ Yes, and the student and/or family need translation services.
- ☐ Yes, and they don't need translation services

18. **Does this student receive SPED services? \***

Mark only one oval.

- ☐ Yes
- ☐ No      *Stop filling out this form.*

## **SPED only**

19. **SPED only \***

Mark only one oval.

- ☐ I have talked to the student's case manager and the student doesn't qualify for ESY.
- ☐ I haven't talked to the student's case manager.

20. **Please list any additional supports or accommodations this student may need to be successful in summer school.**
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

A copy of your responses will be emailed to mhoefflin@bhmschools.org

