

**TEACHER ASSISTANT
TEAM (TAT)**

Student Name: _____ ID #: _____ Date: _____
 School: _____ Grade: _____ D.O.B.: _____
 Teacher: _____ Age: _____
 TAT Referred by _____ Date: _____

Describe problem behavior

Briefly describe first intervention Date _____ to _____

Was it successful? Yes No

Briefly describe second intervention Date _____ to _____

Was it successful? Yes No

Referred for special education ? Yes No

Signature of referring teacher _____ Date _____

Signatures of T.A.T. members _____

Attach to Referral
 Copies: Due Process File
 IEP Manager