

West								
First Name	Last Name	Grade	Teacher wants to potentially take off SIT	SIT/BIT Referral Form	LEXIA: predicted to make a year's progress READING PLUS: average comp. at least 80%		DREAMBOX:1-3 standards proficient last 30 days I-READY: passing at least 70% of lessons	
					Y or N	Current Level	Y or N	Current Level(s)
EXAMPLE			<input type="checkbox"/>	<input type="checkbox"/>	N	9: End 1st	N	0 standards (Dreambox) 67% passed (i-Ready)
Skylar		1	<input type="checkbox"/>	<input type="checkbox"/>				
Caileb		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Braydon		1	<input type="checkbox"/>	<input type="checkbox"/>				
Zackary		1	<input type="checkbox"/>	<input type="checkbox"/>				
Conner		1	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Josiah		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Mckaylan		1	<input type="checkbox"/>	<input type="checkbox"/>				
Toryn		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Brooklyn		1	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alliyara		3	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Alex		3	<input type="checkbox"/>	<input type="checkbox"/>				
Makinley		3	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Jackson		3	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Olivia		3	<input type="checkbox"/>	<input type="checkbox"/>				
Nechirvan		4	<input type="checkbox"/>	<input type="checkbox"/>				
Boone		4	<input type="checkbox"/>	<input type="checkbox"/>				
Allison		4	<input type="checkbox"/>	<input type="checkbox"/>				
Dustin		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Anthony		4	<input type="checkbox"/>	<input type="checkbox"/>				
Samuel		4	<input type="checkbox"/>	<input type="checkbox"/>				
Adaya		4	<input type="checkbox"/>	<input type="checkbox"/>				
Ariel		4	<input type="checkbox"/>	<input type="checkbox"/>				
Emily		4	<input type="checkbox"/>	<input type="checkbox"/>				
Zander		4	<input type="checkbox"/>	<input type="checkbox"/>				
Schiley		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Gibson		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Xander		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Kayci		4	<input type="checkbox"/>	<input type="checkbox"/>				
Braylee		4	<input type="checkbox"/>	<input type="checkbox"/>				
Bryleigh		4	<input type="checkbox"/>	<input type="checkbox"/>				
Briana		4	<input type="checkbox"/>	<input type="checkbox"/>				
Cloey		4	<input type="checkbox"/>	<input type="checkbox"/>				
Emerson		4	<input type="checkbox"/>	<input type="checkbox"/>				
Jason		4	<input type="checkbox"/>	<input type="checkbox"/>				
Benjamin		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
B.C.		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Brody		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Maurice		4	<input type="checkbox"/>	<input type="checkbox"/>				
Brianna		4	<input type="checkbox"/>	<input type="checkbox"/>				
Isaac		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Grace		4	<input type="checkbox"/>	<input type="checkbox"/>				
Emirsen		4	<input type="checkbox"/>	<input type="checkbox"/>				
Kensley		4	<input type="checkbox"/>	<input type="checkbox"/>				
Nolan		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Rachel		4	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Count = 45

Officially Tier 3
Special Ed.
Monitor