

## STUDENT REFERRAL FORM

Please complete the following form **electronically** to the best of your ability when you have a student concern. Once completed, please submit the form via email to your building's assistant principal and guidance counselor.

SAP                       SCIT/BLT                       Red Flag

Student Name: \_\_\_\_\_  Male  Female    Grade: \_\_\_\_\_

Building:     WAEC     WAMS     SHS                      Date of Referral: \_\_\_\_\_

Person Referring: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Current school or agency support services or programs in place for this student:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Reading Recovery | <input type="checkbox"/> Title 1 Reading | <input type="checkbox"/> Title 1 Math |
| <input type="checkbox"/> Speech/language  | <input type="checkbox"/> OT              | <input type="checkbox"/> PT           |
| <input type="checkbox"/> Counseling       | <input type="checkbox"/> Tutoring        | <input type="checkbox"/> YMCA Daycare |

Other/Comments: \_\_\_\_\_

**Primary Reason for Referral:**

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

Has the parent been contacted about your concerns?  Yes  No

If Yes, what was the method of contact?     Phone     In-Person     E-mail

Please describe the outcome of the conversation:

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

**Student Strengths:**

- |   |  |
|---|--|
| <input type="checkbox"/> Demonstrates desire to learn | <input type="checkbox"/> Helps others in class                       |
| <input type="checkbox"/> Leader                       | <input type="checkbox"/> Cooperative                                 |
| <input type="checkbox"/> Good communication skills    | <input type="checkbox"/> Participates in extra-curricular activities |
| <input type="checkbox"/> Can work independently       | <input type="checkbox"/> Creative                                    |
| <input type="checkbox"/> Displays reasoning skills    | <input type="checkbox"/> Works well in group                         |
| <input type="checkbox"/> Considerate of others        | <input type="checkbox"/> Enthusiastic                                |
| <input type="checkbox"/> Artistic/Musical             | <input type="checkbox"/> Accepts redirection                         |
| <input type="checkbox"/> Accepts responsibility       | <input type="checkbox"/> Has a good sense of humor                   |
| <input type="checkbox"/> Seeks help when needed       | <input type="checkbox"/> Has a good peer group                       |

**Academic Achievement**

- |  |  |
|--|--|
| <input type="checkbox"/> Decline in quality of work        | <input type="checkbox"/> Decline in grade earned |
| <input type="checkbox"/> Incomplete work                   | <input type="checkbox"/> Work not handed in      |
| <input type="checkbox"/> Failing in this subject(s): _____ |  |

**\*\*\* Please Attach a copy of the student's latest report card and DRA level if applicable**

**Please check the following if true for this student:**

- |  |  |
|--|--|
| <input type="checkbox"/> Change in friends and/or peer group               | <input type="checkbox"/> Mood swings                           |
| <input type="checkbox"/> Appears to have lack of motivation                | <input type="checkbox"/> Negative attitude                     |
| <input type="checkbox"/> Tardiness to class                                | <input type="checkbox"/> Disturbs others                       |
| <input type="checkbox"/> Seeks constant adult contact/attention            | <input type="checkbox"/> Frequently requires redirection       |
| <input type="checkbox"/> Dishonest   | <input type="checkbox"/> Apparent changes in personal values   |
| <input type="checkbox"/> Seems sad, despondent                             | <input type="checkbox"/> Sudden outbursts of temper            |
| <input type="checkbox"/> Defensiveness                                     | <input type="checkbox"/> Frequent requests to leave class      |
| <input type="checkbox"/> Difficulty in accepting mistakes                  | <input type="checkbox"/> Chronic absenteeism                   |
| <input type="checkbox"/> Withdrawn; separates from others                  | <input type="checkbox"/> Physical aggression                   |
| <input type="checkbox"/> Drawing inappropriate symbols (gang, drug, etc.)  | <input type="checkbox"/> Inappropriate touching (self, others) |
| <input type="checkbox"/> Noncompliant                                      | <input type="checkbox"/> Victim of Bullying                    |
| <input type="checkbox"/> Verbally abusive, obscene language, gestures      | <input type="checkbox"/> Bullying                              |
| <input type="checkbox"/> Fails to improve after repeated promises to do so | <input type="checkbox"/> Unprepared                            |
| <input type="checkbox"/> Denies responsibility/blames other                | <input type="checkbox"/> Victim of Bullying                    |
| <input type="checkbox"/> Easily distractible                               | <input type="checkbox"/> Recent death in the family            |
| <input type="checkbox"/> Personal space issues                             | <input type="checkbox"/> Lying/Cheating/Peer complaints        |
| <input type="checkbox"/> Other: _____                                      |  |

**Health**

- |   |   |
|---|---|
| <input type="checkbox"/> Appears dazed, giddy, or “out of it”           | <input type="checkbox"/> Noticeable change in weight              |
| <input type="checkbox"/> Impaired concentration and/or memory           | <input type="checkbox"/> Falls asleep/drowsy in class             |
| <input type="checkbox"/> Poor personal hygiene/unkept                   | <input type="checkbox"/> Alcohol/marijuana/tobacco odor           |
| <input type="checkbox"/> Glassy, bloodshot eyes/dark circles under eyes | <input type="checkbox"/> Frequent cold-like symptoms              |
| <input type="checkbox"/> Unexplained physical injury                    | <input type="checkbox"/> Self-Abuse (cutting, hair pulling, etc.) |
| <input type="checkbox"/> Other: _____                                   |   |

**Previously Tried Interventions:**

- |   |  |
|---|--|
| <input type="checkbox"/> Adaptations of test, worksheets, etc.    | <input type="checkbox"/> Gave student specific extra help      |
| <input type="checkbox"/> Gave student extra time                  | <input type="checkbox"/> Gave student individualized attention |
| <input type="checkbox"/> Preferred seating                        | <input type="checkbox"/> Reviewed cumulative file              |
| <input type="checkbox"/> Guidance Involvement/Consult             | <input type="checkbox"/> Monitoring attendance                 |
| <input type="checkbox"/> Behavior Plan                            | <input type="checkbox"/> Tutoring                              |
| <input type="checkbox"/> Parent Conference                        | <input type="checkbox"/> Referral for Title I Services         |
| <input type="checkbox"/> Classroom/Behavior Management Strategies | <input type="checkbox"/> School Nurse Consult                  |
| <input type="checkbox"/> Discipline Referral                      | <input type="checkbox"/> Other Teacher Consult                 |
| <input type="checkbox"/> Principal Consult                        | <input type="checkbox"/> Movement Breaks                       |
| <input type="checkbox"/> Peer buddy /mentor                       | <input type="checkbox"/> Bobcat Buddy                          |
| <input type="checkbox"/> Small guidance groups                    | <input type="checkbox"/> Token Economy System                  |
| <input type="checkbox"/> Self monitoring chart                    | <input type="checkbox"/> Fidget Objects                        |
| <input type="checkbox"/> Other: _____                             |  |

**Academic instructional strategies and techniques that you have used (describe level of success):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Provide any other comments you feel are relevant to your concerns about this student:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_