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Academic and Behavior Referral Form
Teacher/School Staff Referral

Date:

Student Name (Last name, First Name):

ID#:

Date of Birth:

Contact Information

Teacher Name:	School:	Grade:
Title of person making referral (if other than teacher):	Name of Referrer:	Language Spoken at Home:
Parent Contacted Prior to SST Referral? Yes No Date:	Parent/Guardian Name(s): Relationship:	Parent/Guardian Phone: Home: Work: Cell:

Academic Information

GRADE LEVEL

STATEWIDE ASSESSMENT SCORES

Reading: Math: Writing:

Reading: Math: Writing:

Learning and/or Behavior Concerns (*Describe*)

Where do(es) the problem(s) occur? (Check all that apply)

- | | | |
|------------------------------------|---|---------------------------------|
| ☐ Classroom | ☐ Hallway | ☐ Home |
| ☐ Gym | ☐ Bus | ☐ Other: |
| ☐ Cafeteria | ☐ School Grounds | |

Student Strengths *(Check all that apply)*

Positive Attitude	High Expectations for Self	Transitions Easily
Hard Worker	Organized	Takes Pride in Appearance
Trustworthy	Good Sense of Humor	Athletic
Works Well in Groups	Cooperates	Musically Talented
Works Well Independently	Responsible	Artistically Inclined
Respectful of Authority	Creative	Other:
Motivated	Has Leadership Qualities	

Academic Concerns: *(Check all that apply)*

Grades Declining	Poor Reading skills	Does Not Follow Directions
Slow Rate of Work	Poor Math Skills	Low Retention Rate
Incomplete Assignments	Poor Writing Skills	Disorganized
Does not work well independently	Does not work well with others	Other:

Behavioral Concerns: *(Check all that apply)*

Verbally Disruptive	Bullies Others	Attention Seeking Behaviors
Physically Disruptive	Destroys Property	Steals/Cheats/Lies
Physically Aggressive	Easily Distracted	Avoided by Peers
Verbally Aggressive	Hostile When Criticized	Easily Frustrated
Victim of Bullying	Argumentative/Defiant	Truant/Tardy
Other:		

Personal Concerns: *(Check all that apply)*

Poor Hygiene	Appears Sickly	Burn Marks
Sleeps in Class/Lethargic	Nausea/Vomiting	Evidence of Self-Mutilation
Agitated/Nervous	Bloodshot Eyes	Obese or Under Weight
Difficulty Moving/Uncoordinated	Other:	

Other Comments/Concerns:

Classroom Interventions Previously TriedWhat strategies have been used prior to the SST referral? *(Check all that apply.)*

Strategy	Length of Time	Results?
Modified Curriculum		
Materials Modification Specify:		
Alternative Materials		
Small-Group Instruction		
Tutoring		
Assistive Technology		
Daily Guided Reading		
English as a Second Language Support		
Daily Behavior Chart		
Positive Behavior Supports		
Assigned Seating		
Scheduled Breaks		
Problem-Solving conference		
Attendance Monitoring		
Parent Conference		
Other:		

Student Data and Evidence

Documentation must be provided for each student concern. The following are examples of the types of evidence that may be used by the SST team to determine appropriate response. Check off each type of document that you are submitting and attach to this referral form.

Student work samples

Observations

Class quizzes and tests

Curriculum-based measures

Student portfolio

Student interview notes

Parent interview notes

Interviews with colleagues and/or specialists (summary notes)

Attendance records

Record of discipline referrals

Other /Specify: