

REFERRAL TO STUDENT SUCCESS TEAM  
FOR STUDENT WITH SERIOUS SOCIAL/ACADEMIC ISSUES

Student Name: \_\_\_\_\_ Grade Level: 6  7  8

Referring Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

**PRE-REFERRAL CHECKLIST**

\_\_\_\_\_ Implemented classroom interventions:

- |  |  |
|--|--|
| <input type="checkbox"/> Cue student to use Homework Planner | <input type="checkbox"/> Mail Unsatisfactory notices                           |
| <input type="checkbox"/> Preferential Seating                | <input type="checkbox"/> Provide bi-monthly grade updates                      |
| <input type="checkbox"/> Speak and/or meet with the parent   | <input type="checkbox"/> Graphic Organizers                                    |
| <input type="checkbox"/> Arrange for peer tutor/note-taker   | <input type="checkbox"/> Assign a "student buddy"                              |
| <input type="checkbox"/> Allow to use classroom computer     | <input type="checkbox"/> Use behavior accountability form or behavior contract |
| <input type="checkbox"/> Consult with other teachers         | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Speak with student privately        | _____  |
| <input type="checkbox"/> Consult with counselor              | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Mail Complimentary form             | _____  |

\_\_\_\_\_ Met with parent on the following date(s): \_\_\_\_\_

Current Grades: Academic \_\_\_\_\_ Cooperation \_\_\_\_\_ WorkHabits \_\_\_\_\_

**CONCERNS:**

Describe your specific concerns regarding the student's academic and/or social issues. Concerns may be printed separately and attached to this form.