

# CENTRAL HIGH SCHOOL – SAT INTIAL REFERRAL FORM

## FOR TIER 2 & 3 STUDENTS

### *Initial Referral: Prior (Tier 1) Interventions Checklist*

Please indicate what types of interventions you have tried prior to the referral and the results achieved. Check the appropriate intervention/s utilized.

- 1. Spoke to student privately after class
- 2. Gave student help after class or school.
- 3. Changed student's seat.
- 4. Spoke with parent on the telephone. Phone #: \_\_\_\_\_
- 5. Gave student special work at his/her level.
- 6. Checked cumulative folder.
- 7. Held conference with parent in school.
- 8. Sent home notices regarding behavior or school work.
- 9. Arranged an independent study program for student.
- 10. Have given student extra attention.
- 11. Have set up a contingency management program with student.
- 12. Have assigned student after school detention.
- 13. Have referred student to guidance or administration.
- 14. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_
- 15. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_
- 16. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_
- 17. Other (Please explain) \_\_\_\_\_  
\_\_\_\_\_

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*~CONFIDENTIAL~*

Teacher:  Date:   
Student:  Grade:  Class:

Area(s) of Concern:  Academics  Attendance  Behavior

*IN YOUR OPINION:* Check each item that is of concern to you or that you have noticed.

### Class Attendance & Academic Performance

- |                                                                                                  |                                                                 |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Frequent tardiness/ Number of times late for class <input type="text"/> |                                                                 |
| <input type="checkbox"/> Frequent absences/ Number of class absences <input type="text"/>        |                                                                 |
| <input type="checkbox"/> Frequent requests to leave class                                        |                                                                 |
| <input type="checkbox"/> Drop in grades; lower achievement                                       | <input type="checkbox"/> Gives up easily                        |
| <input type="checkbox"/> Does not ask for help when needed                                       | <input type="checkbox"/> Cheating                               |
| <input type="checkbox"/> Poor short-term memory                                                  | <input type="checkbox"/> Short attention span/easily distracted |
| <input type="checkbox"/> Decrease in class participation                                         | <input type="checkbox"/> Needs direction given individually     |
| <input type="checkbox"/> Has ability, but doesn't apply self                                     | <input type="checkbox"/> Prefers to work alone                  |
| <input type="checkbox"/> Homework is sloppy or incomplete                                        | <input type="checkbox"/> Disorganized with school materials     |
| <input type="checkbox"/> Finds it hard to study                                                  | <input type="checkbox"/> Lacks desire to do well in school      |

### Social Skills:

- |                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Withdrawn, appears to be a loner/Lacks peer relationships | <input type="checkbox"/> Disrespectful to authority/ resents authority |
| <input type="checkbox"/> Is stubborn                                               | <input type="checkbox"/> Uses leadership skills inappropriately        |
| <input type="checkbox"/> Argues with teacher                                       | <input type="checkbox"/> Hits and/or pushes other students             |
| <input type="checkbox"/> Teases other students                                     | <input type="checkbox"/> Does not accept constructive criticism        |
| <input type="checkbox"/> Has to be the center of attention                         | <input type="checkbox"/> Frequent ridicule from classmates             |
| <input type="checkbox"/> Appears unhappy/sad                                       | <input type="checkbox"/> Lacks self-confidence                         |
| <input type="checkbox"/> Lacks control in unstructured situations                  | <input type="checkbox"/> Disturbs other students/Disruptive behavior   |

### Physical Symptoms:

- |                                                                       |                                                                  |
|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Appears sleepy, lethargic/ Sleeping in class | <input type="checkbox"/> Dresses inappropriately                 |
| <input type="checkbox"/> Slurred speech                               | <input type="checkbox"/> Unsteady on feet                        |
| <input type="checkbox"/> Tense, seems on edge                         | <input type="checkbox"/> Unexplained, frequent physical injuries |
| <input type="checkbox"/> Frequent requests to see the nurse           | <input type="checkbox"/> Glassy, bloodshot eyes                  |
| <input type="checkbox"/> Complaints of nausea or vomiting             | <input type="checkbox"/> Smells of smoke, alcohol or marijuana   |
| <input type="checkbox"/> Frequent cold-like symptoms                  | <input type="checkbox"/> Underweight/Overweight                  |
| <input type="checkbox"/> Deteriorating personal appearance            | <input type="checkbox"/> Poor hygiene                            |

### Atypical Behavior:

- |                                                                                          |                                                       |
|------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Change in friends/behavior                                      | <input type="checkbox"/> Depressed                    |
| <input type="checkbox"/> Older or younger social group                                   | <input type="checkbox"/> Disoriented                  |
| <input type="checkbox"/> Sudden popularity                                               | <input type="checkbox"/> Defensive                    |
| <input type="checkbox"/> Inappropriate responses                                         | <input type="checkbox"/> Crying                       |
| <input type="checkbox"/> Does not take responsibility for inappropriate comments/actions | <input type="checkbox"/> Sudden outbursts of anger    |
| <input type="checkbox"/> Unrealistic goals                                               | <input type="checkbox"/> Erratic behavior/mood swings |
| <input type="checkbox"/> Sexual behavior in public                                       | <input type="checkbox"/> Runaway                      |
| <input type="checkbox"/> Talks freely about drug abuse                                   |                                                       |

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### Background Information:

- |                                                                                         |                                                               |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Death in immediate family                                      | <input type="checkbox"/> Divorce or separation                |
| <input type="checkbox"/> Single parent household                                        | <input type="checkbox"/> Lives with someone other than parent |
| <input type="checkbox"/> Known medical problems                                         | <input type="checkbox"/> Takes medication                     |
| <input type="checkbox"/> Child discusses concern regarding drug/alcohol use in the home | <input type="checkbox"/> Previously involved with counseling  |
| <input type="checkbox"/> Currently involved with counseling                             | <input type="checkbox"/> Previously referred/assigned         |

### Asset Checklist:

- |                                                                                                                   |                                                                         |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Understands and follows school rules and accepts consequences for inappropriate behavior | <input type="checkbox"/> Student's friends model responsible behavior   |
| <input type="checkbox"/> Is actively engaged in learning                                                          | <input type="checkbox"/> Wants to do well in school                     |
| <input type="checkbox"/> Cares about his/her school                                                               | <input type="checkbox"/> Regularly completes homework assignments       |
| <input type="checkbox"/> Believes it is important to help other people                                            | <input type="checkbox"/> Reads for pleasure at least three hours a week |
| <input type="checkbox"/> Tells the truth even when it is not easy                                                 | <input type="checkbox"/> Can stand up for what he/she believes          |
| <input type="checkbox"/> Is good at planning ahead and making decisions                                           | <input type="checkbox"/> Can accept and take personal responsibility    |
| <input type="checkbox"/> Knows and is comfortable with people of different cultural/racial/ethnic backgrounds     | <input type="checkbox"/> Is good at making and keeping friends          |
| <input type="checkbox"/> Can resist negative peer pressure and dangerous situations                               | <input type="checkbox"/> Tries to resolve conflict nonviolently         |
| <input type="checkbox"/> Believes he/she has control over many things that happen to him/her                      | <input type="checkbox"/> Feels good about him/herself                   |
|                                                                                                                   | <input type="checkbox"/> Believes his/her life has a purpose            |
|                                                                                                                   | <input type="checkbox"/> Is optimistic about his/her future             |

### Additional Comments/Observationa:

*Thank you for your time and caring! ☺*