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| **STUDENT SUPPORT TEAM REFERRAL FORM** | | | | | | | | | | | | | | | |
| **The following information is for district use only as it relates to the scholar named and those who are working directly with this individual.** | | | | | | | | | | | | | | | |
| **Student Name** | Click here to enter text. | | | | **DOB** | | | | Click here to enter text. | | | | **Student ID** | | Click here to enter text. |
| **Grade** | Click here to enter text. | | | | **School** | | | | Lincoln-West School of S+H - 6334 | | | | **Advisor** | | Click here to enter text. |
| **Parent/Guardian** | Click here to enter text. | | | | **Phone (1)** | | | | Click here to enter text. | | | | **Phone (2)** | | Click here to enter text. |
| **Current contact number if different from parent/guardian** | | | | | | | | | Click here to enter text. | | | | | | |
| **Referent** | Click here to enter text. | | | | **Title** | | | | Click here to enter text. | | | | **Date of Referral** | | Click here to enter text. |
| **Core Teachers** | Click here to enter text. | | | | | | | | | | | | | | |
| **Referral Reason(s):** | Attendance Academic Behavior/Social Emotional Medical/Health Concerns Communication  Motor Other (Explain) Click here to enter text. | | | | | | | | | | | | | | |
| **Target Problem 1**  Choose the most prevalent concerns (up to three) from the drop-down menu provided and list them in order of priority. Explain in detail each area or concern in the text boxes provided. Please include any available data and be very specific. For each target problem selected, indicate all tier 1 interventions and/or accommodations implemented for those target problems with the check boxes provided. | | | | | | | | | | | | | | | |
| **Target Problem** | Choose the most prevalent concern. | | | | | | | | **Explanation** | Click here to enter text. | | | | | |
| **Tier 1 Academic Intervention** | | | Self-Reported Grades Cognitive Task Analysis Deliberate Practice Summarization  Jigsaw Method Classroom Discussions Repeated Readings Spaced Practice  Reciprocal Teaching Explicit Feedback within 24 hours Concept Mapping  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Tier 1 Behavioral Health Intervention** | | | Class Meetings Classroom Management Plan Positive Behavior Rewards  Goal Setting Explicit Behavior Instruction Clear Expectations for Class Behavior  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Accommodations** | | | Adjusted Assignments Seating Changes Extended Time Scribe  Repeated Instructions Directions Read Aloud Oral Assessment Small Group Instruction  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Target Problem 2**  Choose the most prevalent concerns (up to three) from the drop-down menu provided and list them in order of priority. Explain in detail each area or concern in the text boxes provided. Please include any available data and be very specific. For each target problem selected, indicate all tier 1 interventions and/or accommodations implemented for those target problems with the check boxes provided. | | | | | | | | | | | | | | | |
| **Target Problem** | Choose the second most prevalent concern. | | | | | | | **Explanation** | | Click here to enter text. | | | | | |
| **Tier 1 Academic Intervention** | | | Self-Reported Grades Cognitive Task Analysis Deliberate Practice Summarization  Jigsaw Method Classroom Discussions Repeated Readings Spaced Practice  Reciprocal Teaching Explicit Feedback within 24 hours Concept Mapping  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Tier 1 Behavioral Health Intervention** | | | Class Meetings Classroom Management Plan Positive Behavior Rewards  Goal Setting Explicit Behavior Instruction Clear Expectations for Class Behavior  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Accommodations** | | | Adjusted Assignments Seating Changes Extended Time Scribe  Repeated Instructions Directions Read Aloud Oral Assessment Small Group Instruction  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Target Problem 3**  Choose the most prevalent concerns (up to three) from the drop-down menu provided and list them in order of priority. Explain in detail each area or concern in the text boxes provided. Please include any available data and be very specific. For each target problem selected, indicate all tier 1 interventions and/or accommodations implemented for those target problems with the check boxes provided. | | | | | | | | | | | | | | | |
| Choose the third most prevalent concern. | | | | | **Explanation** | | Click here to enter text. | | | | | | | | |
| **Tier 1 Academic Intervention** | | | Self-Reported Grades Cognitive Task Analysis Deliberate Practice Summarization  Jigsaw Method Classroom Discussions Repeated Readings Spaced Practice  Reciprocal Teaching Explicit Feedback within 24 hours Concept Mapping  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Tier 1 Behavioral Health Intervention** | | | Class Meetings Classroom Management Plan Positive Behavior Rewards  Goal Setting Explicit Behavior Instruction Clear Expectations for Class Behavior  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| **Accommodations** | | | Adjusted Assignments Seating Changes Extended Time Scribe  Repeated Instructions Directions Read Aloud Oral Assessment Small Group Instruction  Other (Explain) Click here to enter text. | | | | | | | | | | | | |
| Provide the SST with any other documentation that supports results of the current intervention plan. A school nurse/related services provide (who is not a core SST member) must be informed by the SST if the referral reason relates to their expertise. | | | | | | | | | | | | | | | |
| **If behavioral/social emotional concerns are indicated, please answer the following four questions:** | | | | | | | | | | | | | | | |
| How ***often*** does the  problematic behavior occur? | | | Click here to enter text. | | | | | | | | | | | | |
| When is the behavior ***most*** likely to occur? | | | Click here to enter text. | | | | | | | | | | | | |
| When is the behavior ***least***  likely to occur? | | | Click here to enter text. | | | | | | | | | | | | |
| Was the Planning Center used as an intervention? | | | Yes No | | | | | | | | | | | | |
| **Describe in detail any attendance/tardy issues and their impact on the target problem(s):** | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| **Other factors that may impact school performance (check all that apply):** | | | | | | | | | | | | | | | |
| Crisis Situation Mental Health Concerns Homeless Court Involvement  Other (Explain) Click here to enter text. | | | | | | | | | | | | | | | |
| **Describe in detail all that were checked above:** | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| **Does the student currently have:** IEP Section 504 Plan Health Plan No | | | | | | | | | | | | | | | |
| **Therapist/Agency working with the student, if applicable:** | | | | | | | | | | | | | | | |
| **Name** | | Click here to enter text. | | | **Agency** | Click here to enter text. | | | | | **Duration** | | | Click here to enter text. | |
| **Phone Number** | | Click here to enter text. | | | **Info Release Requested** | | | | | | Yes No | | | | |
| **Describe any known health concerns or medical history not previously stated:** | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| **List and describe the students’ top three strengths:** | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | |
| **Have these referral concerns been communicated to the parent/guardian?** Yes No | | | | | | | | | | | | | | | |
| **Mode of Communication with parent/guardian:** Phone Email Face to Face Home Visit US Mail | | | | | | | | | | | | | | | |
| **When did communication(s) occur?** | | | | Click here to enter text. | | **What was the outcome of the communication (s)?** | | | | | | Click here to enter text. | | | |
| If parent is referent, please ensure SST receives copy of parent request. | | | | | | | | | | | | | | | |