

Initial Referral

Teacher Name:

Student Name:

Date: _____

Grade Level: _____

Current Grade Average: _____

Number of class absences: _____

Number of times late to class: _____

(Please check all that apply)

Classroom Performance

Attendance Problem _____

Tardiness Problem _____

Drop in grades, lower achievement _____

Decrease in class participation _____

Does not ask for help when needed _____

Has failed to complete _____% of his/her homework _____

Difficulty staying focused; easily distracted by others _____

Difficulty with immediate recall _____

Disorganized with school materials _____

Gives up easily when frustrated _____

Prefers to work alone _____

Fails to complete _____% of in-class assignments _____

Social Skills

Lacks positive peer relationships _____

Disrespectful toward authority _____

Disturbs other students during classroom activities _____

Uses leadership skills inappropriately _____

Frequently argues with the teacher _____

Hits and/or pushes other students _____

Does not easily accept constructive criticism _____

Teases other students _____

Makes inappropriate remarks to classmates, adults _____

Lacks self-confidence _____

Frequently ridiculed by classmates

Appears unhappy/sad _____

Withdrawn, has difficulty in relating to others _____

Lacks control in unstructured situations _____

Change in friends _____

Disruptive behavior _____

Defiance of classroom rules _____
Does not take responsibility for
inappropriate comments or actions _____
Cheating _____
Sudden outbursts of anger _____
Obscene language, gestures _____
Noisy, boisterous _____
Erratic behavior, mood swings _____

Physical Symptoms

Smells of smoke, alcohol, or marijuana _____
Dresses inappropriately based on school
policy _____
Slurred speech _____
Frequently requests to see the nurse _____
Appears sleepy, lethargic _____
Frequent physical injuries _____
Deteriorating personal appearance _____
Sleeps in class _____
Frequent complaints of nausea,
headaches _____
Glassy, bloodshot eyes _____
Poor hygiene _____

Asset Checklist

What do you see as this student's strengths? Please color in any circle you believe pertains to your student.

NOTE: This checklist is not intended as, nor is it appropriate to use as, a scientific or accurate measurement of developmental assets.

- Student understands and follows school rules and accepts consequences for inappropriate behavior.
- Student's friends model responsible behavior.
- Student spends three hours or more each week in lessons or practice in music, theatre, or other arts.
- Student spends three hours or more each week in school or community sports, clubs, or organizations.
- Student wants to do well in school.
- Student is actively engaged in learning.
- Student regularly completes homework assignments.
- Student cares about his/her school.
- Student reads for pleasure three or more hours each week.
- Student believes it is important to help other people.
- Student can stand up for what he/she believes.
- Student tells the truth even when it's not easy.
- Student can accept and take personal responsibility.

- Student is good at planning ahead and making decisions.
- Student is good at making and keeping friends.
- Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.
- Student can resist negative peer pressure and dangerous situations.
- Student tries to resolve conflict nonviolently.
- Student believes he/she has control over many things that happen to him/her.
- Student feels good about him/herself.
- Student believes his/her life has a purpose.
- Student is optimistic about his/her future.

Copyright © 2002 by Search Institute, 615 First Avenue NE, Suite 125, Minneapolis, MN, 55413. 800-888-7828. www.search-institute.org May be reproduced for educational, noncommercial use only. This checklist is not intended for use as a survey tool

Initial Referral: Prior 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) _____

Teacher Data Collection Form

Teacher Name:

Date: _____ Return by: _____

Current Grade Average: _____

Number of class absences: _____

Number of times late to class: _____

(Please check all that apply)

Classroom Performance

Attendance Problem _____

Tardiness Problem _____

Drop in grades, lower achievement _____

Decrease in class participation _____

Does not ask for help when needed _____

Has failed to complete _____% of his/her homework _____

Difficulty staying focused; easily distracted by others _____

Difficulty with immediate recall _____

Disorganized with school materials _____

Gives up easily when frustrated _____

Prefers to work alone _____

Fails to complete _____% of in-class assignments _____

Disruptive behavior _____

Student Name:

Grade Level: _____

Social Skills

Lacks positive peer relationships _____

Disrespectful toward authority _____

Disturbs other students during classroom activities _____

Uses leadership skills inappropriately _____

Frequently argues with the teacher _____

Hits and/or pushes other students _____

Does not easily accept constructive criticism _____

Teases other students _____

Makes inappropriate remarks to classmates, adults _____

Lacks self-confidence _____

Frequently ridiculed by classmates

Appears unhappy/sad _____

Withdrawn, has difficulty in relating to others _____

Lacks control in unstructured situations _____

Change in friends _____

Defiance of classroom rules _____

Does not take responsibility for inappropriate comments or actions _____

Cheating _____

Sudden outbursts of anger _____

Obscene language, gestures _____

Noisy, boisterous _____

Erratic behavior, mood swings _____

Physical Symptoms

Smells of smoke, alcohol, or marijuana _____

Dresses inappropriately based on school policy _____

Slurred speech _____

Frequently requests to see the nurse _____

Appears sleepy, lethargic _____

Frequent physical injuries _____

Deteriorating personal appearance _____

Sleeps in class _____

Frequent complaints of nausea, headaches _____

Glassy, bloodshot eyes _____

Poor hygiene _____

Asset Checklist

What do you see as this student's strengths? Please color in any circle you believe pertains to this student.

NOTE: This checklist is not intended as, nor is it appropriate to use as, a scientific or accurate measurement of developmental assets.

- Student understands and follows school rules and accepts consequences for inappropriate behavior.
- Student's friends model responsible behavior.
- Student spends three hours or more each week in lessons or practice in music, theatre, or other arts.
- Student spends three hours or more each week in school or community sports, clubs, or organizations.
- Student wants to do well in school.
- Student is actively engaged in learning.
- Student regularly completes homework assignments.
- Student cares about his/her school.
- Student reads for pleasure three or more hours each week.
- Student believes it is important to help other people.
- Student can stand up for what he/she believes.
- Student tells the truth even when it's not easy.
- Student can accept and take personal responsibility.

- Student is good at planning ahead and making decisions.
- Student is good at making and keeping friends.
- Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.
- Student can resist negative peer pressure and dangerous situations.
- Student tries to resolve conflict nonviolently.
- Student believes he/she has control over many things that happen to him/her.
- Student feels good about him/herself.
- Student believes his/her life has a purpose.
- Student is optimistic about his/her future.

Copyright © 2002 by Search Institute, 615 First Avenue NE, Suite 125, Minneapolis, MN, 55413. 800-888-7828. www.search-institute.org May be reproduced for educational, noncommercial use only. This checklist is not intended for use as a survey tool

Data Summary Form

Student: _____ Date: _____

Advocate: _____

Classroom Performance

<i>Subject Areas:</i>							
Current class grade							
Attendance problem							
Problem with tardiness to class							
Drop in grades, lower achievement							
Decrease in class participation							
Does not ask for help when needed							
Failed to complete homework (_____ %)							
Difficulty staying focused. Easily distracted by others.							
Difficulty with immediate recall							
Disorganized with school materials							
Gives up easily when frustrated							
Prefers to work alone							
Fails to complete in-class assignments (_____ %)							

<i>Subject Areas:</i>							
Lacks positive peer relationships							
Disrespectful toward authority							
Disturbs other students during classroom activities							
Uses leadership skills inappropriately							
Frequently argues with teacher							
Hits and/or pushes other students							
Does not easily accept constructive criticism							
Teases other students							
Makes inappropriate remarks to classmates, adults							
Lacks self-confidence							
Frequently ridiculed by classmates							
Appears unhappy/sad							
Withdrawn, difficulty in relating to others							
Lacks control in unstructured situations							
Change in friends							
Disruptive behavior							
Defiance of classroom rules							

Does not take responsibility for inappropriate comments or actions							
Cheating							
Sudden outbursts of anger; verbally abusive to others							
Obscene language, gestures							
Noisy, boisterous							
Erratic behavior/mood swings							

Physical Symptoms

Smells of smoke, alcohol, or marijuana							
Dresses inappropriately based on school policy							
Slurs speech							
Frequently requests to see nurse							
Appears sleepy, lethargic							
Frequent physical injuries							
Deteriorating personal appearance							
Sleeps in class							
Frequent complaints of nausea/headaches							
Glassy, bloodshot eyes							
Poor hygiene							

Data Summary Form: Asset Checklist

Student: _____ Date: _____

Advocate: _____

From Asset Checklist

<i>Subject Areas:</i>							
Student understands and follows school rules and accepts consequences for inappropriate behavior.							
Student's friends model responsible behavior.							
Student spends three hours or more each week in lessons or practice in music, theatre, or other arts.							
Student spends three hours or more each week in school or community sports, clubs, or organizations.							
Student wants to do well in school.							
Student is actively engaged in learning.							
Student regularly completes homework assignments.							
Student cares about his/her school.							
Student reads for pleasure three or more hours each week.							
Student believes it is important to help other people.							
Student can stand up for what he/she believes.							
Student tells the truth even when it's not easy.							

Student can accept and take personal responsibility.							
Student is good at planning ahead and making decisions.							
Student is good at making and keeping friends.							
Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.							
Student can resist negative peer pressure and dangerous situations.							
Student tries to resolve conflict nonviolently.							
Student believes he/she has control over many things that happen to him/her.							
Student feels good about him/herself.							
Student believes his/her life has a purpose.							
Student is optimistic about his/her future.							

School Counselor

School Counselor: _____ Date: _____

Student: _____ Please return this form by: _____

How often have you seen this student? Respecting confidentiality, what can you share about this student that may be helpful to the SAP team and appropriate to this referral?

How many parental contacts have you had? By phone: _____ In person: _____

What can you share about your parental contacts appropriate to this referral?

Are you aware of any current or past private counseling/therapy, Y ____ N ____

What can you share about any private counseling/therapy?

Has there been a psychological evaluation, either school or private? Y ____ N ____

What can you share about any psychological evaluation appropriate to this referral?

Identify this student's interests, strengths, accomplishments, skills.

School Nurse

Name: _____

Date: _____ Student: _____

Please return this form by: _____

1. Is the student taking any medications?

2. Are there any known medical problems?

3. Do you have any current concerns about this student's physical health?

4. Any significant changes in this student's physical health status?

5. Do you have any current concerns about this student's mental/emotional health?

6. Any significant changes in this student's mental/emotional health status?

7. How many times has this student visited the health suite? _____

8. What are the reasons for this student's visits to the nurse?

9. From your perspective as school nurse, do you have any other concerns?

Building Administrator

Name: _____

Date: _____ Student: _____

Please return this form by: _____

For the above-named student, please provide the following information:

1. Indicate the number of days this student has been assigned to in-school suspension and the reason/s for each.

2. Indicate number of days this student has been assigned to out-of-school suspension and the reason/s for each.

3. Indicate the number of times you have assigned this student a detention, and the reason/s for each:

4. What else can you share regarding your interactions with this student that we should be aware of? Please be specific.

Student Self Evaluation

Asset Checklist

What do you see as your strengths? Please color in any circle you believe describes you.

- I understand and follow school rules and accept consequences for my inappropriate behavior.
- My friends model responsible behavior.
- I spend three hours or more each week in lessons or practice in music, theatre, or other arts.
- I spend three hours or more each week in school or community sports, clubs, or organizations.
- I want to do well in school.
- I am actively engaged in trying to learn.
- I regularly complete homework assignments.
- I care about my school.
- I read for pleasure three or more hours each week.
- I believe it is important to help other people.
- I can and do stand up for what I believe.
- I tell the truth even when it's not easy.
- I can accept and take personal responsibility.
- I am good at planning ahead and making decisions.

- I am good at making and keeping friends.
- I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
- I can resist negative peer pressure and dangerous situations.
- I try to resolve conflict nonviolently.
- I believe I have control over many things that happen to me.
- I feel good about myself.
- I believe my life has a purpose.
- I am optimistic about my future.

Parent Interview

Asset Checklist

Below is a list of statements looking at a student's strengths. Which do you see in your son/daughter? Color in any circle that describes your son/daughter.

- I understand and follow school rules and accept consequences for my inappropriate behavior.
- My friends model responsible behavior.
- I spend three hours or more each week in lessons or practice in music, theatre, or other arts.
- I spend three hours or more each week in school or community sports, clubs, or organizations.
- I want to do well in school.
- I am actively engaged in trying to learn.
- I regularly complete homework assignments.
- I care about my school.
- I read for pleasure three or more hours each week.
- I believe it is important to help other people.
- I can and do stand up for what I believe.
- I tell the truth even when it's not easy.
- I can accept and take personal responsibility.
- I am good at planning ahead and making decisions.

- I am good at making and keeping friends.
- I know and am comfortable with people of different cultural/racial/ethnic backgrounds.
- I can resist negative peer pressure and dangerous situations.
- I try to resolve conflict nonviolently.
- I believe I have control over many things that happen to me.
- I feel good about myself.
- I believe my life has a purpose.
- I am optimistic about my future.

Case Summary

Student: _____ Grade: _____ Date: _____

1. **Teacher Data Summary Form** – Which five (5) behaviors solicited the most checks by this student’s teachers? Were there any significant patterns?

2. **Asset Checklist** - What are three (3) strengths teachers have noted for this student, including life skills, resources, support systems, interests and talents (Assets)?

3. **School Counselor Form** - What information was provided that appears most relevant and helpful related to this referral?

4. **Nurse Form** - What information was provided that appears most relevant and helpful related to this referral?

5. **Administrator Form** - What information was provided that appears most relevant and helpful, related to this referral?

6. **Student Interview** - What information was provided by the student that appears most relevant and helpful, related to this referral?

7. **Parent Interview** - What information was provided by the parent/s that appears most relevant and helpful, related to this referral?

Action Plan

Student: _____

Grade: _____ Date: _____

Note: Numbers 1-2-3 should be filled out prior to the Action Planning Session. All requested information can be gathered from existing documents.

1. Based on the information provided on the **Initial Referral Form** : a) list the area/s of concern (i.e., academics, behavior, health, attendance) that need attention; and, (b) state the specific issue in each area to be addressed (e.g., behavior – out of seat; health – sleeping in class; attendance – tardiness; academics – failing grades).

Area of Concern	Specific Issue

2. List the most significant **Internal Assets** and **External Assets** this student possesses:

Internal Asset:	External Asset:

3. Using the *Internal and External Assets* the student possess what are the goals to keep in mind in the development of the Action Plan? (specific, descriptive, observable, measureable)

4. Identify the **priority area of concern** from #1 to be addressed in the Action Plan. (Consider whether the Core Team can effect a change and whether it is important to effect change in the priority area of concern. Is it within our control?)

5. Brainstorm possible interventions to address the priority area of concern identified in #4. (Consider strategies that will address the area of concern plus the development of Internal/External Assets that are critical to the identified area of concern.) Allow 5-7 minutes for this activity.

6. Choose appropriate strategies identified in #5 to incorporate into an Action Plan for addressing the area of concern.

7. Create an Action Plan which identifies all of the steps necessary to implement the strategies selected in #6; when each step will begin; and who will implement each step.

Steps	Beginning Date	Who will implement?
<p>Date of follow-up meeting: _____</p>		