

Weston High School
Student Assistance Team
Referral Form

Student: _____ Grade: _____

Referred by: _____ Date: _____

Observable Behaviors of Concern

Please check all that apply:

Academic Performance

- Decline in quality of work
- Work not handed in
- Lack of participation
- Cheating/plagiarism
- Drop in grade
- Misses key concepts
- Lacks important skills
- Currently failing
- Frequently off-task
- Disorganized, loses/forgets materials.

Attendance

- Frequent absences
- Frequent tardiness
- Frequent visits to restroom/nurse

Health/Appearance

- Sleeping in class/drowsiness
- Glassy, bloodshot or puffy eyes
- Significant weight change
- Odor of alcohol/drugs
- Poor hygiene/disheveled
- Frequent injuries/cuts/bruises
- Frequent cold-like symptoms
- Unsteady gait
- Excessive shakiness/tremors

Socio-Emotional/Conduct

- Defiant/argumentative
- Outbursts of anger/temper
- Mood fluctuations
- Change in peer group
- Obscene language/gestures
- References to drugs/alcohol
- Inappropriate sexual references
- Calls out in class
- References to violence/death
- Isolated, withdrawn
- Intimidates others

Briefly describe the concerns or provide additional information. If possible, provide dates, frequency or other specific details which have prompted you to make this referral.

What classroom interventions have you attempted prior to this SAT referral?

Intervention/strategy	What was done/learned?	Duration/Dates	Outcome	Degree of success*
<input type="checkbox"/> Talked with student				
<input type="checkbox"/> Talked with parent/guardian				
<input type="checkbox"/> Identified and built on student strengths				
<input type="checkbox"/> Identified student deficits & built skills				
<input type="checkbox"/> Identified student's preferred learning styles				
<input type="checkbox"/> Adapted teaching methods, style, materials, assignments, etc.				
<input type="checkbox"/> Made classroom accommodations				
<input type="checkbox"/> Consulted with colleagues (list name)				
<input type="checkbox"/> Consulted with student's counselor				
<input type="checkbox"/> Provided extra help to student				
<input type="checkbox"/> Consulted with School Nurse				
<input type="checkbox"/> Set up reward system				
Additional Strategies (Please describe)				

*Degree of Success	#	Minimal progress / Emerging skill	3
Successful intervention/ Sustaining skills	1	No observable progress	4
Showing some progress / Skills developing	2	Not applicable	5

Please forward this form to Daniel Doak, Assistant Principal

Date received: _____

Case Manager: _____