

STUDENT FOCUS TEAM INITIAL REFERRAL

Date: _____ Student: _____

Referring Teacher: _____

Prior Interventions: *What interventions have you tried? What were the results?*

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 telephone/E-mailed parent.
5. Gave student special work at his/her level.
6. Checked cumulative folder.
7. Held conference with parent(s).
8. Sent home notices about behavior or schoolwork.
9. Gave the student extra attention.
10. Created a behavior/homework contract with the student.
11. Referred student to the school counselor.
12. Other interventions:

Reasons for referral *(Please provide specific, observable, and factual information):*

Academic:

Behavior:

Health:

Attendance:

Any other information you think pertinent, please write on back.

~ Let us put our minds together and see what life we can make for our children. ~

Any other information you think pertinent, please write on back.