

Stockbridge Valley Central School  
Student Support Team Initial Concern Referral

To: Student Support Team

From: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Subject or Activity: \_\_\_\_\_

Reasons for Referral (Please circle one or more)

*Attendance*

*Academics*

*Behavior*

*Health*

Please give a brief description of **observed** behavior that has prompted your concern. Please avoid subjective comments.

Is this student receiving additional AIS or Special Education services (Resource, PT, OT, Speech)?

No \_\_\_\_\_ Yes \_\_\_\_\_ at Tier \_\_\_\_\_ in: *ELA Math Social Studies Science Behavior*

Student has been at this tier for the past \_\_\_\_\_ weeks.

Please complete the Prior Interventions Checklist on the reverse side. This referral will be discussed, and the data collection process initiated as soon as possible. You will be contacted for more information if necessary at that time.

Please place completed referral in a sealed envelope and place it in the CSE mailbox located in the Business Office.

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Prior Interventions Checklist

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the types of intervention you have tried prior to referral by placing an 'X' in front of the strategies you have implemented.

\_\_\_ Spoke to student privately after class.

\_\_\_ Explained class rules and expectations.

\_\_\_ Explained concerns.

\_\_\_ Gave student help after class/school.

\_\_\_ Initiated RTI interventions and Tier 1 / Tier 2 (please circle)

\_\_\_ Implemented preferential seating.

\_\_\_ Gave student special work at his/her level.

\_\_\_ Implemented peer tutoring or study buddies.

\_\_\_ Arranged an independent study program for the student.

\_\_\_ Utilized cooperative learning.

\_\_\_ Modified assignments.

\_\_\_ Modified the discipline plan.

\_\_\_ Checked cumulative folder.

\_\_\_ Referred for ELL services.

\_\_\_ Built on student's successes.

\_\_\_ Demonstrated extra attention to the student.

\_\_\_ Established contingency management program with student.

\_\_\_ Assigned after school detention.

\_\_\_ Referred student to social worker/guidance/administration.

\_\_\_ Spoke with parent on the telephone. Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Held conference with parent at school. Date: \_\_\_\_\_

\_\_\_ Sent notices home regarding behavior/ school work.

Other (Please Explain): \_\_\_\_\_

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Student Support Team

Student Assistance Indicators of Concern Data Form

Please check all of the following indicators of concern for this students.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender (please circle): M F Grade: \_\_\_\_\_ Subject: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Behaviors: check all that apply**

- ☐ Disorganized
- ☐ Forgetful
- ☐ Defiant of rules
- ☐ Fails to accept responsibility
- ☐ Blames others
- ☐ Uses attention – getting behaviors
- ☐ Appears agitated, hyperactive, or nervous
- ☐ Regular daydreaming
- ☐ Isolated or withdrawn
- ☐ Mood swings
- ☐ Sexually preoccupied
- ☐ Cheats on assignments
- ☐ Inappropriate language
- ☐ Cries inappropriately
- ☐ Bullies others
- ☐ Demonstrated aggressive behavior
- ☐ Steals others' belongings
- ☐ Dishonest or lies to teacher and others
- ☐ Vandalizes others' property
- ☐ Overly concerned about achievement
- ☐ Overly sensitive to criticism
- ☐ Talks about personal substance use, depression, gang related activity, sexual issues, harassment, homelessness
- ☐ Multiple office discipline referrals
- ☐ Other: \_\_\_\_\_

**Physical Concerns: check all that apply**

- ☐ Frequent absences due to illness
- ☐ Frequently fatigued
- ☐ Sleeping in class
- ☐ Hygiene problems
- ☐ Frequent physical complaints
- ☐ Slurred speech
- ☐ Overly concerned about body image
- ☐ Evidence of multiple cuts or skin abrasions
- ☐ Requests passes to see the school nurse
- ☐ Talks about physical issues that raise concern
- ☐ Other: \_\_\_\_\_

**Academic: check all that apply**

- ☐ Drop in grades
- ☐ Inconsistent Work
- ☐ Lack of motivation
- ☐ Appears to have problems reading class material
- ☐ Incomplete homework
- ☐ Incomplete class work
- ☐ Failing quiz grades
- ☐ Compulsive overachiever
- ☐ Change in participation
- ☐ Does not follow directions
- ☐ Gives up easily
- ☐ Other: \_\_\_\_\_

**Development Assets: check all that apply**

- ☐ Self-motivated
- ☐ Demonstrates the following: ☐ restraint ☐ honesty
- ☐ ☐ responsibility ☐ regard for self ☐ regard for others
- ☐ Sense of purpose
- ☐ Patience for others
- ☐ Tolerates change
- ☐ Expresses positive view of future
- ☐ Engages in school activities
- ☐ Has creative outlets
- ☐ Reads for pleasure
- ☐ Asks for assistance
- ☐ Other: \_\_\_\_\_
- ☐ Expressed a positive relationship with staff member
- ☐ Other: \_\_\_\_\_

\_\_\_\_\_ Number of phone calls to parents/guardians

\_\_\_\_\_ Number of letters sent to parents/guardians

Dates of parent conferences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_