

CONFIDENTIAL INITIAL REFERRAL FORM

Student Name: _____

Grade: _____

Referring Source: _____

Date: _____

REASON FOR REFERRAL TO MAPS:

Describe the behavior(s) which have prompted this referral: (i.e. Academic concerns, declining grades or failure, attendance concerns, behavior concerns, D&A concerns, etc..)

ATTEMPTS TO RESOLVE THE SITUATION:

X the appropriate line to indicate the steps you have taken to address the above concerns:

**** Are mandatory prior to submitting a MAPS Referral**

	Interventions	Date(s)		Interventions	Date(s)
**	Parent phone call			Consultation with colleagues	
	Referred to counselor			Student contract	
	Student restated directions			Ignored behavior	
	Oral vs. written tests			Reward system	
	Tutoring			Utilized time-outs	
	Used organizational charts			Set goals with student	
	Adjusted quantity of work			Used self-monitoring	
	Provided additional help			Referred to discipline system	
	Modified curriculum			Referred to building administration	
	Used graphic organizers			Changed groups	
	Student conference			Referred to Social Worker	
	Changed seat			Other:	
	Parent conference			Other:	

*** DATE CONTACTED PARENT REGARDING MAPS REFERRAL: _____

*** Return completed form to Joe Johnson