Form G

ACADEMIC EVALUATION

Referral for District Services

| Keleffal for District Services | | ъ. | | |
|--|--|-----------------------------|---|--|
| Individual making referral: | | _ Date: | | |
| Student being referred: | Student #: | | | |
| This referral will go to the designated Section review. The team will review the referral to you may have noticed within your class, or | o decide the nature of help th | ne school might p | provide, please inc | dicate on this form any behaviors |
| Behavior Concerns: | | | | |
| Academic Performancedecline in quality of workdecline in grade earnedincomplete workwork not handed infailing in this subject | Math basic math skills lacking cannot ad or subtract cannot multiply cannot divide difficulty with fraction difficulty with story produced in the communication of the communication of the cannot difficulty with story produced in the cannot difficulty with story produced i | s oblems ora concepts | unable to w difficulty w cannot orge difficulty re difficulty w | with spelling write complete sentences with punctuation anize compositions eading with comprehension e below grade level |
| Classroom Conduct disruptive in class inattentive lack of motivation lack of concentration sleeping in class impaired memory negative attitude in-school absenteeism (skipping) tardiness to class disturbs other defiance; braking rules frequently needs discipline cheating fighting throwing objects defiance of authority verbally abusive obscene language or gestures sudden outbursts or temper vandalism | Specific Commen | nts | | |
| Underline:frequent visits to the nursefrequent visits to the lavatorynervousness, anxietyseems depresseddifficulty seeing the boardpossible weight loss or gainmood swingspale or flushed complexionbruised, burns, cuts, scrapes on the body | | | | |
| Possible Alcohol or Drug BehaviorsTalks freely about alcohol or drug use | | | | |
| Witnessed Suspected | possession of alcohol use of alcohol under the influence in class physical signs and symptoms other: | Witnessed | Suspected | possession of alcohol use of alcohol under the influence physical signs and symptoms other: |

| Other Behaviors: | - 4 | | | | |
|--|--------------------------------|----------------------|---|--|--|
| erratic behavior day-to | | | | | |
| change in friends and/ | | | | | |
| sudden unexplained p | | Specific Cor | <u>nments</u> | | |
| seeks constant adult c | | | | | |
| seeks adult advice w/o | o a specific problem | | | | |
| apparent changes in p | arconal values | | | | |
| low affect | ersonar varues | | | | |
| low affect defensiveness | | | | | |
| withdrawal; a loner; s | sanaratanass | | | | |
| | | | | | |
| other students express | | | | | |
| fantasizing, daydream | | | | | |
| compulsive achievem | | | | | |
| preoccupation with sc | moor success | | | | |
| perfectionism | - miatalraa | | | | |
| difficulty in accepting | mistakes | | | | |
| rigid obedience | | | | | |
| *If you had to assign a cours grade for this markin grade for the course | ng period | student's performanc | e continuing at its current level; | | |
| Interventions Attempted: | | | | | |
| -) I | | | d) Dahasian Managanat | | |
| a) Instruction: | | | d) Behavior Management: | | |
| small group instruction breakdown of steps into smaller groups | | | clarification of the rules | | |
| individualized classro | | | teach and role play desired behaviors study carrel-eliminate distractions | | |
| lower level text | John Histraction | | provide routine schedule | | |
| computerized instruct | tion | | give more choices | | |
| modified or shortened | | | time-out | | |
| individualized directi | | | stay after school | | |
| individualized works | | | use of logical consequences | | |
| blackboard work | neets rather than | | refer to principal | | |
| | laggang | | | | |
| taped instructions or | | | change seating | | |
| ouler: | | | other: | | |
| b) Building Support: | | | e) Reinforcers: | | |
| peer tutors | | | praise (specific and clear) for desired behavior | | |
| adult volunteers | | | daily or weekly effort report | | |
| special education | | | reinforce correct responses promptly | | |
| speck and language | services | | positive note sent home | | |
| speek and language | | | positive note sent none contracts (attached a copy) | | |
| consultation with sp | | | Principal | | |
| consultation with sp | pecianst | | 111116111111 | | |
| c) Parent Support: | | | | | |
| note/phone calls | date: | time: | result: | | |
| | date: | time: | | | |
| Parent/teacher/stude | m t | | | | |
| | | 4: | 14. | | |
| conferences | date: | time: | result: | | |
| home program | | | | | |
| *Please use the space below | v to explain any additional in | formation you believ | e to be relevant about the student. | | |
| • | | <u>-</u> | | | |
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