

Weeping Water Public School
Student Assistance Team
SAT/New Referral Worksheet

Date _____ Requested by _____

Student's Name _____ DOB _____ Grade _____

Parent/Guardian Name _____

Address _____

Phone Numbers (home & cell) _____

Date parent/guardian was contacted about the SAT process: _____

What are some strengths, talents, or specific interests for this student (assets)?

1. _____
2. _____
3. _____
4. _____

Reason for Referral (deficits)?

How has concern been addressed?

Parent Concerns & Information

Please indicate any academic, social-emotional, behavioral, or medical factors that seem to affect this student's progress. If you have more than a couple of concerns, please prioritize them (1, 2, 3, etc. with 1 being of highest concern)

Academic Concerns (Check all appropriate areas):

Reading <input type="checkbox"/> <i>Sound awareness/blending</i> <input type="checkbox"/> <i>Phonics (word attack/decoding skills)</i> <input type="checkbox"/> <i>Sight word recognition</i> <input type="checkbox"/> <i>Fluency</i> <input type="checkbox"/> <i>Generalizes information read</i>	Math <input type="checkbox"/> <i>Mechanics/basic operations</i> <input type="checkbox"/> <i>Memory of facts</i> <input type="checkbox"/> <i>Procedural accuracy</i> <input type="checkbox"/> <i>Story Problems/Problem solving</i>
Writing <input type="checkbox"/> <i>Letter formation/reversals/inversions</i> <input type="checkbox"/> <i>Spelling, prefixes, suffixes</i> <input type="checkbox"/> <i>Mechanics (capitalization, punctuation)</i> <input type="checkbox"/> <i>Idea generation</i> <input type="checkbox"/> <i>Expression of complete thoughts</i> <input type="checkbox"/> <i>Word usage (grammar/word reading)</i> <input type="checkbox"/> <i>Sentence structure</i> <input type="checkbox"/> <i>Relevance to topic</i>	Communication <input type="checkbox"/> <i>Voice (loudness, soft spoken, etc)</i> <input type="checkbox"/> <i>Fluency (stuttering)</i> <input type="checkbox"/> <i>Listening Comprehension (understanding oral directions)</i>

Checklist of Student Characteristics:

<p>Class Performance</p> <p><input type="checkbox"/> <i>Drop in grades</i></p> <p><input type="checkbox"/> <i>Always behind in class</i></p> <p><input type="checkbox"/> <i>Elaborate Excuses</i></p> <p><input type="checkbox"/> <i>Increasing non-involvement</i></p>	<p>Motivation</p> <p><input type="checkbox"/> <i>High</i></p> <p><input type="checkbox"/> <i>Moderate</i></p> <p><input type="checkbox"/> <i>Hardly any motivation</i></p>	<p>Attendance</p> <p><input type="checkbox"/> <i>Frequent absences</i></p> <p><input type="checkbox"/> <i>Absent from class, but in school</i></p> <p><input type="checkbox"/> <i>Tardiness</i></p> <p><input type="checkbox"/> <i>Frequent need to leave class</i></p> <p><input type="checkbox"/> <i>Threats to drop out</i></p>
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<p>Extra Curricular Activities</p> <p><input type="checkbox"/> <i>Loss of eligibility</i></p> <p><input type="checkbox"/> <i>Dropping activity</i></p>	<p>Disruptive Behavior</p> <p><input type="checkbox"/> <i>Defiance of rules</i></p> <p><input type="checkbox"/> <i>Blaming, denying, lying</i></p> <p><input type="checkbox"/> <i>fighting</i></p> <p><input type="checkbox"/> <i>verbally aggressive</i></p> <p><input type="checkbox"/> <i>cheating</i></p> <p><input type="checkbox"/> <i>Obscene language</i></p> <p><input type="checkbox"/> <i>Socialization</i></p> <p><input type="checkbox"/> <i>Dramatic attention getting</i></p>	<p>Work Habits</p> <p><input type="checkbox"/> <i>Works independently</i></p> <p><input type="checkbox"/> <i>Needs supervision</i></p> <p><input type="checkbox"/> <i>Needs encouragement</i></p> <p><input type="checkbox"/> <i>Follows directions</i></p> <p><input type="checkbox"/> <i>Does not follow directions</i></p>
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<p>Physical Signs</p> <p><input type="checkbox"/> <i>Avoidance of eye contact</i></p> <p><input type="checkbox"/> <i>glassy, bloodshot eyes</i></p> <p><input type="checkbox"/> <i>smelling of alcohol or smoke</i></p> <p><input type="checkbox"/> <i>lack of coordination</i></p> <p><input type="checkbox"/> <i>Altered speech</i></p> <p><input type="checkbox"/> <i>muscular twitches</i></p> <p><input type="checkbox"/> <i>tremors</i></p> <p><input type="checkbox"/> <i>poor hygiene</i></p> <p><input type="checkbox"/> <i>heavy sweating or chills</i></p> <p><input type="checkbox"/> <i>drowsiness or sleeping</i></p> <p><input type="checkbox"/> <i>extreme weight loss</i></p> <p><input type="checkbox"/> <i>extreme weight gain</i></p>	<p>Peers/Social</p> <p><input type="checkbox"/> <i>Peer rejection</i></p> <p><input type="checkbox"/> <i>Avoids peer contact</i></p> <p><input type="checkbox"/> <i>change of friends</i></p> <p><input type="checkbox"/> <i>sudden popularity</i></p> <p><input type="checkbox"/> <i>constant "older" contacts</i></p> <p><input type="checkbox"/> <i>publicly intimate</i></p>	<p>Personality</p> <p><input type="checkbox"/> <i>Lethargic</i></p> <p><input type="checkbox"/> <i>Crying</i></p> <p><input type="checkbox"/> <i>Extreme negativism</i></p> <p><input type="checkbox"/> <i>Avoids contact with staff</i></p> <p><input type="checkbox"/> <i>Unexplained grief</i></p> <p><input type="checkbox"/> <i>reports fears</i></p> <p><input type="checkbox"/> <i>erratic behavior changes</i></p> <p><input type="checkbox"/> <i>inappropriate responses</i></p> <p><input type="checkbox"/> <i>unrealistic goals or thinking</i></p> <p><input type="checkbox"/> <i>appears depressed</i></p> <p><input type="checkbox"/> <i>defensive</i></p> <p><input type="checkbox"/> <i>manipulative</i></p> <p><input type="checkbox"/> <i>withdrawn/loner</i></p>
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<p>Family</p> <p><input type="checkbox"/> <i>Parental unavailability</i></p> <p><input type="checkbox"/> <i>not living at home</i></p> <p><input type="checkbox"/> <i>Expresses concern/fear about family</i></p>	<p>Interest in School</p> <p><input type="checkbox"/> <i>High</i></p> <p><input type="checkbox"/> <i>Mild</i></p> <p><input type="checkbox"/> <i>Bored</i></p> <p><input type="checkbox"/> <i>Often frustrated</i></p>	<p>Drugs</p> <p><input type="checkbox"/> <i>Talks freely about drug use</i></p> <p><input type="checkbox"/> <i>Preoccupied with "partying"</i></p> <p><input type="checkbox"/> <i>DUI/Legal problems</i></p> <p><input type="checkbox"/> <i>write or draws drug symbols</i></p>
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Problem Identification Information

Interventions Attempted: Please describe specific attempts that you or others have made this year to meet this student’s academic, social, emotional, or behavioral needs. (This does not need to be completely filled out upon initial referral)

Intervention	Dates Began & Ended	Person Responsible	Outcome

If the referral concern is in academics, how much time during the period/day does the student receive instruction in the areas(s) of difficulty?

When have you observed that the problem occurs the most?

Are there settings or situations in which the problem is less severe or minimized? If so, when?
