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

Age:       DOB       Grade

Exceptional Student [ ]  Yes [ ]  No Category \_\_\_\_\_\_\_\_\_\_\_\_\_

PEP Plan [ ]  Math [ ]  Reading [ ]  Behavior

Current FBA/BIP [ ]  Yes [ ]  No

Referral Category: (Check all that apply and provide appropriate documentation)

[ ]  Academic Performance (Attach Current Report Card)

[ ]  Number of days absent this year (Attach Current Discipline Report)

[ ]  Number of Out of School Suspension Days (Attach Current Discipline Report)

[ ]  Number of In School Suspension Days (Attach Current Discipline Report)

[ ]  Number of Removals for Disruptive Behaviors (Attach Current Discipline Report)

[ ]  Number of Physical Aggressive Behaviors (Attach Current Discipline Report)

[ ]  Out of Home Placement i.e., Foster Home, Group Home, At Risk/Residential Setting for Behaviors (Attach Documentation)

[ ]  Removal to an Alternative Setting (Attach Documentation)

[ ]  Documented Mental Health Diagnosis/Therapy Services (Attach Documentation)

[ ]  Court Involvement i.e., Past or current charges/Court Counselor (Attach Documentation)

[ ]  Disruptive Classroom/School Behavior

[ ]  Skipping Class/School

[ ]  Previous Grade Retention Grades Repeated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other

Please give a brief overview of your concerns about this student:

Please list all Pre-Referral Interventions you have used with this student and the results of such interventions including dates and duration: (Attach documentation)

Parent or Guardian Name(s)

Address

Contact Number(s) Home       Cell       Work

Name of referral source       Date