

**Cleveland City Schools
S-Team Referral**

Student Name: _____

DOB _____ SS# _____

School _____ Grade _____

Teacher _____ Referring Person _____

Parent notified of S-team referral on _____

Completed packet received by school counselor on _____

Please list your top three concerns/problems regarding this student:

1. _____

2. _____

3. _____

What interventions/strategies have you attempted on a **consistent** basis?

Check items that apply:

____ Speaks language other than English

____ Prior special education

____ Receives outside counseling

____ Has history of absences

____ Wears glasses

____ Has been retained

____ 504 plan

Meeting date _____

Decision _____

S-Team Members

_____	_____
_____	_____
_____	_____
_____	_____

Meeting date _____

Decision _____

S-Team Members

_____	_____
_____	_____
_____	_____
_____	_____

Meeting date _____

Decision _____

S-Team Members

_____	_____
_____	_____
_____	_____
_____	_____