Milan Elementary
Care Team Form

Student's Name:	Grade:
Teacher's Name:	Date:
Referred by:	

What is your main goal for the referred student?
(please check or write in the spaces below)

	Pay Attention in class	Get along with others	
	Use organizational skills	Make new friends	
	Use effective study skills	Feel confident	
	Participate during class	Speak at appropriate times	
	Keep hands and feet to self	Cope with family situations	
	Use kind words with others	Effectively communicate needs	

Have you share this goal with the student?
- ☐ Yes
- ☐ No

Have you share this goal with the student's teacher/parent?
- ☐ Yes
- ☐ No

   If yes, what was their response?

What action would you like the counselor to take regarding this issue?
- ☐ Talk with the student (check frequency below)
   __Once/ as needed __Weekly __Bi-weekly __Monthly
- ☐ Call parent/ guardian
- ☐ Observe the student
- ☐ Provide resources

**Please note the urgency of this issue (circle one)**
1-5 Counselor will see this week 6-10 Counselor will see in the next 24-48 hours

Examples:
1- Student turns in homework inconsistently
5- Friendship or bullying issue negatively affecting the student but student is not in danger; family situation such as divorce where student is aware but extremely distraught.
10- student is extremely upset or distraught for any reason (threatened by another student, experiencing loss, suicidal ideation, self-harm, alleging abuse, etc.)

$$\longleftarrow \qquad\qquad\qquad\qquad \longrightarrow$$

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
(not urgent)   (Very Urgent)
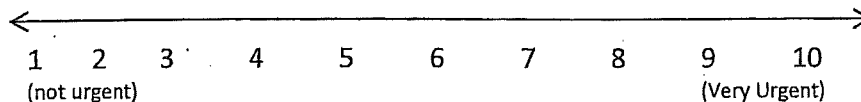
** If you circled 8-10 please see/contact the counselor immediately and advise about the issue**

If you would like to meet with the counselor, please list the best times for you:

Best time to see the student:

Any other comments:

FOR COUNSELOR USE ONLY
_____

Initial date seen by counselor: _____/_____/_____

Outcome: _____
_____
_____

☐ Follow up with teacher/parent   Date: ____/____/____

Academic Intervention and Goals

Academic Areas of Concern:

Subject:	Tier Level:	Current Interventions in Place: (i.e. shortened spelling list, peer assistance, sentence stems)
Reading		
Writing		
Math		

What is the academic goal for your student?

*Goal Date: Desired accomplishment date

*Progress: O=obtained, S= Some progress, N= no progress

Reading Goals:	Goal Date	Progress	Math Goals:	Goal Date	Progress	Writing Goals:	Goal Date	Progress
Phonemic Awareness			Computation			Legibility		
Phonics			Application			Organization		
Fluency			Problem Solving			Punctuation/ grammar		
Vocabulary Dev.			Number Identification			Word Choice		
Comprehension			Number Writing					

Next Steps/ Goal Not Met:-

_____

_____

_____

_____