

**Cresskill School District
Cresskill, New Jersey**

Student Referral

Student _____ DOB _____ Age _____ Grade _____

School _____ Referring Teacher _____

Presenting Concern/Problem (Describe what the student is doing or not doing which causes concern.)

What has been tried? (Check all that apply – please feel free to comment in the space below)

_____ Before/After School Help

_____ Assigned Detention

_____ Changed Seat

_____ Assigned for Disciplinary Action

_____ Sent Home Notices Regarding Behavior/
School Work

_____ Spoke to Student Privately

_____ Parent Conference

_____ Behavior Management/Social Skills
Describe

_____ Consultation with Other School Staff
Who?

_____ Modified Assignments
How?

_____ Consultation with outside agencies or professionals
Who?

Other: _____

Place the completed forms in a sealed envelope and deliver to the I&RS team mailbox.

***By submitting this form, I understand that I will be a full partner with the I&RS team
for resolution of the identified concerns.***

Teacher Signature

Date

Note: Please attach pertinent data, work samples and other applicable information.

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Please Complete this Referral Form
Teacher

In the area of CLASS ATTENDANCE, the student:

- ☐ frequently requests to leave class to see: ☐ advisor ☐ nurse ☐ other _____
- ☐ frequently tardy
- ☐ frequently absent
- ☐ cuts class

In the area of CLASSROOM PERFORMANCE, the student:

- ☐ has shown a drop in grades, lower achievement
- ☐ needs directions given individually
- ☐ does not ask for help when needed
- ☐ prefers to work alone
- ☐ fails to complete in-class assignments
- ☐ fails to complete homework assignments
- ☐ has disorganized or incomplete homework
- ☐ has poor short-term memory, e.g., can't remember from one day to the next
- ☐ finds it hard to study
- ☐ gives up easily
- ☐ lacks desire to do well in school
- ☐ has demonstrated ability, but does not apply self
- ☐ cheats
- ☐ has a short attention span, easily distracted

☐ **Present Grade (approximately)**

In the area of ORGANIZATION, student has difficulty:

- ☐ keeping track of materials/assignments
- ☐ staying on task
- ☐ completing tasks on time
- ☐ working in groups
- ☐ working independently
- ☐ managing time
- ☐ preparing for tests
- ☐ completing homework
- ☐ handing assignments in on time

In the area of LISTENING/SPEAKING, student has difficulty:

- ☐ maintaining sustained attention
- ☐ maintaining attention
- ☐ following multi-step directions
- ☐ demonstrating auditory recall

- ___ using age appropriate vocabulary
- ___ using age appropriate sentence structure and grammar
- ___ recalling specific words
- ___ using appropriate facial expressions, body language and tone of voice
- ___ controlling vocal quality (e.g. pitch, loudness, excessive hoarseness)

In the area of **READING/WRITING**, student has difficulty:

- ___ reading for meaning
- ___ reading fluently
- ___ expressing thoughts in writing
- ___ responding to text
- ___ using appropriate mechanics (capitalization, punctuation, spelling)

In the area of **THINKING SKILLS**, student has difficulty:

- ___ seeing relationships
- ___ understanding cause and effect; anticipating consequences
- ___ drawing conclusions
- ___ making inferences
- ___ problem solving

Please list any pertinent information from the student's cumulative file (relevant testing data, past teacher comments, history of difficulty with a subject, etc.).

In the area of **BEHAVIOR**, the student:

- ___ interrupts or talks in class
- ___ disrupts class in other ways *describe:*
- ___ is verbally disrespectful
- ___ uses inappropriate or obscene language/gestures
- ___ abuses property
- ___ does not follow classroom rules
- ___ becomes easily victimized
- ___ appears to daydream often
- ___ appears tired and lethargic
- ___ demands a great deal of personal help and attention
- ___ cries for no apparent reason
- ___ is highly active, agitated
- ___ displays erratic behaviors
- ___ exhibits general changes in behavior patterns

- ___ blames, denies, does not accept responsibility
- ___ lacks impulse control
- ___ has sudden outbursts of anger, is verbally abusive to others

In the area of **SOCIAL INTERACTIONS/SOCIAL SKILLS**, the student:

- ☐ withdraws from peers/lacks peer relationships
- ☐ appears lonely/unhappy/sad/angry (circle those that apply)
- ☐ is argumentative with peers
- ☐ is bossy or authoritative with peers
- ☐ goads or teases peers
- ☐ threatens other students
- ☐ is physically aggressive *describe:*
- ☐ does not follow rules when playing
- ☐ is slow in making friends
- ☐ disturbs other students
- ☐ is a negative leader
- ☐ is unyielding or stubborn on positions
- ☐ disrespects/defies authority *describe:*
- ☐ demonstrates lack of self-confidence
- ☐ is angered by constructive criticism
- ☐ regularly seeks to be the center of attention
- ☐ is ridiculed by classmates
- ☐ has a recent change in friends
- ☐ talks freely about drugs/alcohol/sex (circle those that apply)
- ☐ displays sexual behavior in public

In the area of **PHYSICAL SYMPTOMS**, the student:

- ☐ is underweight
- ☐ is overweight
- ☐ smells of tobacco, alcohol, marijuana
- ☐ appears tense, on edge
- ☐ has slurred or impaired speech
- ☐ appears sleepy, lethargic
- ☐ has impaired vision
- ☐ wears clothes that challenges the dress code or are inappropriate
- ☐ has impaired hearing
- ☐ has frequent physical injuries
- ☐ has deteriorating hygiene
- ☐ has had a dramatic change in style of clothes
- ☐ sleeps in class
- ☐ has glassy, bloodshot eyes
- ☐ is unsteady on feet
- ☐ has problems with muscle or hand-eye coordination

Please list any significant medical conditions (allergies, known diagnoses, recent surgeries, etc.).

Please feel free to offer comments (positive or corrective) that you think will be helpful in addressing this student's needs. Remember, only comments that are school-based, school focused and specific, descriptive, objective/factual and observable are acceptable.

Skills_____

Positive Characteristics, Strengths, Interests_____

Environmental Supports (parent involvement, therapy, etc.)

ADDITIONAL COMMENTS:

Referring Teacher's Signature_____ Date:_____

Thank you for your cooperation, caring and concern