

TEACHER REFERRAL FORM – For School Psychology Services

Student's Name & Standard

Teacher's Name & Hand Phone No

Date: _____

Check All Appropriate Spaces

- I would like to talk to you about the student named above. I am available to meet with you at (please list three different times/days):

- I would like you to speak with the student named above regarding:

The student can meet with at (please list three different times/days):

- I would like you to observe the student named above in my class. Times and days that are convenient are:

- The parent/s of the student named above would like to speak with you. Please _____ call them at the following number(s):

This student has requested to see you. Available times/days include:

Check the characteristics which generally describes the student's behavior:

- | | |
|---|---|
| <input type="checkbox"/> Tattles about behavior of others | <input type="checkbox"/> Excessive absence and/or tardiness |
| <input type="checkbox"/> Poor organization for class | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Manipulates others to do things | <input type="checkbox"/> Seeks constant adult attention |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Inattentive; distractible |
| <input type="checkbox"/> Doesn't work well in groups | <input type="checkbox"/> Disturbs class routine |
| <input type="checkbox"/> Interrupts class with noises | <input type="checkbox"/> Extreme quietness |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Verbally aggressive |
| <input type="checkbox"/> Drug and/or alcohol awareness | <input type="checkbox"/> Low self-concept |
| <input type="checkbox"/> Personal Problem | <input type="checkbox"/> Unusual temper outbursts |
| <input type="checkbox"/> Family problem | <input type="checkbox"/> Other: _____ |

Check which actions have already been made to help the student make the needed changes in his/her behavior.

- | | |
|---|---|
| <input type="checkbox"/> Conference with the student | <input type="checkbox"/> Conferred with counselor |
| <input type="checkbox"/> Worked with student individually | <input type="checkbox"/> Sent to the office |
| <input type="checkbox"/> Called parent | <input type="checkbox"/> Parent conference |
| <input type="checkbox"/> Other: _____ | |

Briefly describe at least three positive strengths this student displays _____

Please check all of the statements below that apply to _____.

- Completing most homework assignments
- Completing most work in class
- Currently passing
- Not currently passing
- Smiles sometimes and acts happy
- Acts bored
- Decreased concentration
- Not prepared for class
- Have had communication with parents
- Needs instruction in study skills and/or organization
- Requests a meeting with the counselor

Academic status is: BELOW AV ABOVE grade level.

Previous Three Grades Scored by the Child (subject wise): _____

- Noticeable drop in grades, currently failing
- Inappropriate behavior
- Poor social skills
- Family problems
- Personal problems
- Suspected abuse (physical, verbal, and/or sexual)
- Possible learning disability
- Severe problems with staying on task

Has this student ever repeated a grade? Yes No If yes, which grade _____

Is the parent permission slip signed and attached? Yes No

Is this student in resource classes? Yes No

Briefly describe the specific incidents which led to the referral: _____

What goal do you want this student to achieve? _____

On the back of this page, give a brief description of the problem that is prompting you to make this referral at this time. Please submit any background information that will be helpful, including any strategies you have used with this student.

Teachers Sign with Date: _____