

Central Jr./Sr. High School Initial Referral



Complete Prior Interventions Checklist on reverse.

To: CAPS (Caring About Panther Students)

From: _____ **Date:** _____

Student: _____

Grade in School: _____ **Subject or Activity:** _____

Reasons for Referral: (please circle one or more)

- Attendance
- Academics
- Behavior
- Health

Please give a brief description of **observed** behavior that has prompted your concern. Please avoid subjective comments.

Please place in a sealed envelope and place in the SAP Referral Box located at

Please complete the Prior Interventions Checklist on the reverse side. This referral will be discussed, and the data collection process initiated as soon as possible. You will be contacted for more information at that time.

PRIOR INTERVENTIONS CHECKLIST

Student Name & Grade: _____

Referring Teacher: _____ **Date:** _____

Please indicate the types of intervention you have tried prior to referral.

1. Spoke to student privately after class.
 - Explained class rules and expectations _____
 - Explained concerns _____
2. Gave student help after class/school. _____
3. Initiated Rtl interventions at Tier 1 / Tier 2 (circle) _____
4. Changed student's seat _____
5. Spoke with parent on the telephone. Phone No. _____ _____
6. Gave student special work at his/her level. _____
7. Checked cumulative folder. _____
8. Held conference with parent at school. _____
9. Sent notices home regarding behavior/school work. _____
10. Arranged an independent study program for student. _____
11. Demonstrated extra attention to student. _____
12. Established behavior management program with student. _____
13. Assigned student after school detention. _____
14. Referred student to guidance/administration. _____

Other (Please explain):

Teacher Signature: _____