

ACADEMIC EVALUATION

Referral for District Services

Individual making referral: _____ Date: _____

Student being referred: _____ Student #: _____

This referral will go to the designated Section 504 building coordinator who will forward it along to the building team committee for review. The team will review the referral to decide the nature of help the school might provide, please indicate on this form any behaviors you may have noticed within your class, or concerns you may have about the student. Please make specific comments where appropriate.

Behavior Concerns:

Academic Performance

- _____ decline in quality of work
- _____ decline in grade earned
- _____ incomplete work
- _____ work not handed in
- _____ failing in this subject

Math

- _____ basic math skills lacking
- _____ cannot add or subtract
- _____ cannot multiply
- _____ cannot divide
- _____ difficulty with fractions
- _____ difficulty with story problems
- _____ difficulty w/basic algebra concepts
- _____ difficulty communicating in math

Writing/Reading

- _____ difficulty with spelling
- _____ unable to write complete sentences
- _____ difficulty with punctuation
- _____ cannot organize compositions
- _____ difficulty reading
- _____ difficulty with comprehension
- _____ reading rate below grade level

Classroom Conduct

- _____ disruptive in class
- _____ inattentive
- _____ lack of motivation
- _____ lack of concentration
- _____ sleeping in class
- _____ impaired memory
- _____ negative attitude
- _____ in-school absenteeism (skipping)
- _____ tardiness to class
- _____ disturbs other
- _____ defiance; breaking rules
- _____ frequently needs discipline
- _____ cheating
- _____ fighting
- _____ throwing objects
- _____ defiance of authority
- _____ verbally abusive
- _____ obscene language or gestures
- _____ sudden outbursts or temper
- _____ vandalism

Specific Comments

Underline:

- _____ frequent visits to the nurse
- _____ frequent visits to the lavatory
- _____ nervousness, anxiety
- _____ seems depressed
- _____ difficulty seeing the board
- _____ possible weight loss or gain
- _____ mood swings
- _____ pale or flushed complexion
- _____ bruised, burns, cuts, scrapes on the body

Possible Alcohol or Drug Behaviors

_____ Talks freely about alcohol or drug use

Witnessed

Suspected

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

possession of alcohol
 use of alcohol
 under the influence in class
 physical signs and symptoms
 other: _____

Witnessed

Suspected

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

possession of alcohol
 use of alcohol
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