

**BUILDING EDUCATIONAL SUPPORT TEAM (BEST)  
STUDENT ASSISTANCE PROGRAMS (SAP)**

**STUDENT REFERRAL FORM**

Please take the time to complete this form by checking or marking the appropriate information. In order to develop effective intervention plans it is crucial that you communicate any OBERVABLE behaviors that are relevant to this referral. Federal regulations require that this information, if requested, will be made available to the student's parents or guardian. Please place this referral in a confidential envelope and return it to the building administrator or guidance counselor. Thank you.

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

School \_\_\_\_\_ Present Grade Level \_\_\_\_\_

Teacher Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex = M F

Attendance    Good    Average    Poor    Excessive Tardiness \_\_\_\_\_

Reason for Referral (please be specific): \_\_\_\_\_

\_\_\_\_\_

**Student Strengths**

- \_\_\_\_\_ Demonstrates a desire to learn
- \_\_\_\_\_ Helps others in class
- \_\_\_\_\_ Leader
- \_\_\_\_\_ Cooperative
- \_\_\_\_\_ Can work independently
- \_\_\_\_\_ Creative
- \_\_\_\_\_ Good communication skills
- \_\_\_\_\_ Artistic ability

- \_\_\_\_\_ Displays good logic/reasoning skills
- \_\_\_\_\_ Works well in a group
- \_\_\_\_\_ Considerate of others
- \_\_\_\_\_ Enthusiastic
- \_\_\_\_\_ Participates in extra-curricular activities
- \_\_\_\_\_ Can accept redirection (criticism)
- \_\_\_\_\_ Accepts responsibility
- \_\_\_\_\_ Musical ability

**Academic Information**

- \_\_\_\_\_ Reading Lever (DRA)
- \_\_\_\_\_ Previous grade retention (Gr. \_\_\_\_\_)
- \_\_\_\_\_ Fails to complete in class assignments
- \_\_\_\_\_ Has difficulty following directions  
(even if directions are repeated)
- \_\_\_\_\_ Reads below grade level, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Poor motor skills
- \_\_\_\_\_ Fails to complete homework or homework book
- \_\_\_\_\_ Language interferes with academic growth /  
performance because of:  
\_\_\_\_\_ ESL  
\_\_\_\_\_ Language structure
- \_\_\_\_\_ Knows basic addition facts
- \_\_\_\_\_ Knows basic subtraction facts
- \_\_\_\_\_ Math weakness, explain: + \_\_\_\_\_  
\_\_\_\_\_

**Behavioral Observations**

- \_\_\_\_\_ Decrease in classroom participation
- \_\_\_\_\_ Unprepared for class
- \_\_\_\_\_ Easily distractible/short attention span
- \_\_\_\_\_ Sleeping in class
- \_\_\_\_\_ Denies responsibility/blames others/lies  
(please circle applicable behavior)
- \_\_\_\_\_ Difficulty making decisions
  
- \_\_\_\_\_ Seeks constant reassurance

- \_\_\_\_\_ Cheating
- \_\_\_\_\_ Obscene language/gestures
- \_\_\_\_\_ Repeated violation of rules
- \_\_\_\_\_ Repeated visits to restroom/nurse/counselor
- \_\_\_\_\_ Easily frustrated
- \_\_\_\_\_ Disruptive classroom behavior, explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Home/School Communication:**    \_\_\_\_\_ Good    \_\_\_\_\_ Poor

**Emotional Observations**

- Expresses desire to die through writing, drawing, or peer reporting
- Sudden outbursts of anger
- Dramatic or sudden change in behavior
- Expresses fear/anxiety of \_\_\_\_\_

- Recent death of a family member or close friend (peer reports)
- Expresses feelings of hopelessness, worthlessness, helplessness
- Family stressors, explain: \_\_\_\_\_

**Physical Observations**

- Unexplained physical injury
- Frequent cold-like symptoms
- Self-abuse
- Frequently expresses concerns with personal health

- Appears disoriented
- Poor hygiene
- Noticeable change in weight
- Frequent complaints of nausea/headache

**Peer Interaction Observations**

Poor peer interaction please explain: \_\_\_\_\_

**Previously Tried Interventions**

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> Parent conferences            | <input type="checkbox"/> Special help night           | <input type="checkbox"/> Detention   |
| <input type="checkbox"/> Tutoring                      | <input type="checkbox"/> Behavior plan                | <input type="checkbox"/> Mentoring   |
| <input type="checkbox"/> Consultation with Principal   | <input type="checkbox"/> Referral to Chapter services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tested by School Psychologist |   |                                      |

**Adapting Instruction** - Methods used: \_\_\_\_\_

**Adapting Instruction** - Methods used: \_\_\_\_\_

**Classroom/Behavior Management** - Methods used: \_\_\_\_\_

**Presently Receives**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Speech/Lang. Therapy | <input type="checkbox"/> Chapter 1-Math   | <input type="checkbox"/> Chapter 1 – Reading |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> ESL                 |
| <input type="checkbox"/> Guidance Services    | <input type="checkbox"/> Other _____      |  |
| <input type="checkbox"/> LS % _____           |   |  |
| <input type="checkbox"/> ES % _____           |   |  |

**Known Agency Involvement** \_\_\_\_\_

**Known Health Problems** \_\_\_\_\_