

CONARD HIGH SCHOOL
Student Success Team (S.S.T.) Referral Form

Student's Name: _____ Grade: _____ School Counselor: _____

Referring Person: _____ Date of Referral: _____

How do you know the student? _____

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Have the parents/guardians been contacted at any point this year related to your concerns about this student?

___ Yes ___ No If so, when was the contact made? _____ By whom? _____

.....
Reason for this referral (Please check all that apply):

___ Academics ___ Work Effort/Motivation ___ Emotional Issues ___ Family Issues
___ Attendance ___ Substance Abuse Concerns ___ Friends/Social Issues ___ Other _____

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List the four most serious behaviors of concern and the frequency that you have observed in this student. Be specific. (Ex. does not complete 90% of hw assignments, gets physical when angry, cries in school at least 3x/wk, etc.)

1. _____
2. _____
3. _____
4. _____

List the top four strengths that you have observed in this student (Ex. artistic, athletic, great writer, etc.)

1. _____
2. _____
3. _____
4. _____

Please list any instructional strategies or interventions that have been tried: (Ex. Parent contact, support staff consultation, emotional supports, classroom interventions- organization or content related.)