

SUCCESS TEAM REFERRAL FORM

Date _____ Person Making Referral _____

Student Name _____ Grade _____

Have you contacted the parents? Yes No (Circle)

IEP: Yes No (Circle)

Reason for Referral: (Circle)

Poor academic progress

Personal or family problems

Poor attendance/truancy

Discipline issues

Alcohol/drug use

Other: _____

What have you tried to change about the current situations where the problem behavior(s) occur? _____

What consequences/interventions have you tried for the problem behavior?

When is the problem behavior least and most likely to occur?

What do you think the student is trying to gain from the problem behavior?

Is this behavior occurring in other classes? Yes No (Circle)

Have you ruled out health, hearing, or vision problems? Yes No (Circle)