

Date: \_\_\_\_\_

## Statement of Concern

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of person filling out form: \_\_\_\_\_

Primary Reason for Referral:

---

---

---

Individuals contacted about student concerns? \_\_\_\_\_ parent \_\_\_\_\_ teacher(s) \_\_\_\_\_ counselor

Guardian Contacted: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Is Student on an IEP/504/or TAG? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure

Please mark all that may apply: **(Please note in the "Relationship" box anything you have done to build rapport with the student.)**

Academic	Behavioral	Emotional	Relationship
Low performance/failing	Difficulty staying on-task	Sadness/Depression	
Behind in class work	Hyperactive	Fearful	
Poor use of class time	Disruptive/impulsive	Angry/Resentful	
Home work not returned	Defensive/defiant	Loneliness	
Passive/Teased by others	Tardiness	Stress/Anxiety	
Frequent Absences	Frequent absences	Unfocused/Distracted	
High test scores	Does not follow rules	Grief/Loss	
Higher order thinking	Lack of motivation	Self-esteem	
TAG referral	Poor attitude	Family issues	

Additional Comments:

What intervention(s) have you tried to help the student **(Please mark all that apply)**

Modified work/less or easier	Goal setting
Review of key concepts	Rewards
Small group instruction	Reinforcing positive
Peer partner	Consistent consequences
Teaching study skills	Time out
Visual Prompts	Encouraging Participation
Change of seat	Instructional Assistant
Use of visuals/or organizer	Other _____

\*\*\*\*\*Please return form to appropriate counselor\*\*\*\*\*

Handrich: All 8<sup>th</sup> grade; 6<sup>th</sup> M-Z

Haerer: All 7<sup>th</sup> grade; 6<sup>th</sup> A-L