

Student Assistance Team Referral Form

Parent Version

Student Name:	Grade:
Date of Birth:	Teacher:
Your Name:	Relation to Student:

Student Strengths:

Primary Concern(s)

- | | |
|---|--|
| <input type="checkbox"/> Academic (please bring work samples) | <input type="checkbox"/> Speech Articulation |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Language |
| <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Health |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Motivation | |

Description of concerns:

Have you talked to school staff about your concerns:

Yes, if so, who:

Who would you like to meet with your concern(s)?

Hearing screening

- ☐ Failed most recent school screening
- ☐ Screened at most recent doctor visit screening Results _____
- ☐ Wears hearing aid
- ☐ Has hearing aids, but doesn't wear them
- ☐ I am concerned about hearing
- ☐ I don't know

Vision screening

- ☐ Failed most recent school screening
- ☐ Screened at most recent doctor visit screening Results _____
- ☐ Wears glasses/contacts
- ☐ Has glasses/contacts, but doesn't wear them
- ☐ I am concerned about vision
- ☐ I don't know

Academic Supports

Has the student received any academic supports? If so, please describe.

Social Emotional/Behavior Supports

Has the student received social/emotional and/or behavior supports?

Has the student received any of the following supports for 4 weeks or longer?

Has the student received any of the following additional supports?

	Yes	No	I don't know
Private Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial Help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-Anxiety Medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truancy Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has the student received any other supports not listed? (please describe)