

Problem Solving Team Referral
Referring teacher should complete this form

STUDENT NAME:		DOB:	AGE:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
TEACHER:		GRADE:	PRIMARY LANGUAGE:	
PARENT NAME:	PHONE:		ADDRESS:	

SERVICES STUDENT CURRENTLY RECEIVES: check and indicate number of years received service/results		
<input type="checkbox"/> Special Education	<input type="checkbox"/> ELD	<input type="checkbox"/> Title 1
<input type="checkbox"/> Speech	<input type="checkbox"/> Migrant	<input type="checkbox"/> Counseling

ACADEMIC CONCERNS: <i>check all areas of concern</i>							
<input type="checkbox"/>	Phonemic Awareness	<input type="checkbox"/>	Vocabulary	<input type="checkbox"/>	Math Calculation	<input type="checkbox"/>	Speech/Articulation
<input type="checkbox"/>	Phonics	<input type="checkbox"/>	Comprehension	<input type="checkbox"/>	Math Problem Solving	<input type="checkbox"/>	Fine Motor Skills
<input type="checkbox"/>	Fluency	<input type="checkbox"/>	Written Language	<input type="checkbox"/>	Oral Language	<input type="checkbox"/>	Gross Motor Skills

BEHAVIOR/SOCIAL ADJUSTMENT: <i>check all areas of concern</i>									
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Disorganized	<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Angry	<input type="checkbox"/>	Confused
<input type="checkbox"/>	Passive	<input type="checkbox"/>	Distractible	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Argues	<input type="checkbox"/>	<i>Other (describe):</i>
<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Immature	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	Defies/Refuses	<input type="checkbox"/>	
<input type="checkbox"/>	Tardy/Truant	<input type="checkbox"/>	Impulsive	<input type="checkbox"/>	Physical Complaints	<input type="checkbox"/>	Blames Others	<input type="checkbox"/>	
<input type="checkbox"/>	Disrupts Class	<input type="checkbox"/>	Hyperactive	<input type="checkbox"/>	Seems Depressed	<input type="checkbox"/>	Lies	<input type="checkbox"/>	
<input type="checkbox"/>	Attention	<input type="checkbox"/>	Does Not Listen	<input type="checkbox"/>	Lethargic/Fatigued	<input type="checkbox"/>	Steals	<input type="checkbox"/>	
<input type="checkbox"/>	Doesn't Retain	<input type="checkbox"/>	Fidgets	<input type="checkbox"/>	Sleeps in class	<input type="checkbox"/>	Cheats	<input type="checkbox"/>	
<input type="checkbox"/>	Inconsistent	<input type="checkbox"/>	Interrupts	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	Destroys Property	<input type="checkbox"/>	

<input type="checkbox"/>	STUDENT INTERVENTION PROFILE AND PROGRESS MONITORING DATA ATTACHED – (at least two (2) consecutive, eight week, small group interventions, w/bi-monthly progress monitoring data).
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LIST OTHER INTERVENTIONS PROVIDED:

Requested by _____

Form completed by _____

Date parent notified of CARE Team referral _____

Date form completed _____