

Columbus Family Academy - SSST Referral Form

Student Name:	Date of Referral:	Date of Birth:
Referring Teacher:	Current Grade:	Parent/Guardian:
Parent contacts made prior to SSST referral: Date Mode Purpose	Grade when student entered Columbus:	Has the student been retained: Yes / No

Does the student currently receive any of the following?

- Special Education Services 504 ELL SRBI BIP None of these

Does the student have any medical (physical or mental) diagnoses known to you? If so, what?

- No Yes _____

Known medications: _____

What are some of the student's positive attributes/strengths? (Check all the apply)

- | | | |
|----------------------------------------------------|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Creative/Artistic | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Enjoys helping others |
| <input type="checkbox"/> Accepts suggestions | <input type="checkbox"/> Good problem-solving skills | <input type="checkbox"/> Inquisitive |
| <input type="checkbox"/> Good memory skills | <input type="checkbox"/> Math skills | <input type="checkbox"/> Good sense of humor |
| <input type="checkbox"/> Reading skills | <input type="checkbox"/> Works well independently | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Completes homework | <input type="checkbox"/> Follows directions well | _____ |
| <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Gets along well with peers | |
| <input type="checkbox"/> Contributes in class | <input type="checkbox"/> Leadership qualities | |
| <input type="checkbox"/> Respectful towards adults | <input type="checkbox"/> Articulate | |

Describe your relationship with the student:

How well do you know the student? Describe something (nonacademic) that is specific to the student.

What are some of the student's interests/hobbies? What does he or she enjoying doing/playing?

Developmental Pathways

What concerns do you have along the student's PHYSICAL Pathway?

(Check all that apply.)

- Lethargic/sleepy
- Hungry/undernourished
- Homelessness
- Gross motor concerns
- Fine motor concerns
- Poor hygiene
- Attendance
- Bruises/marks
- Self-injury
- Fidgety
- Spatial awareness
- Leaving classroom
- Frequently ill
- Hearing/Vision
- Physically aggressive
- No concerns in this area
- Other: _____

What concerns do you have along the student's SOCIAL Pathway?

(Check all that apply)

- Difficulty interacting with others
- Disrupts others
- Does not have many friends
- Victim of bullying
- Bullies others
- Avoided by peers
- Does not work well with others/in groups
- Easily angered
- Withdrawn
- No concerns in this area
- Other: _____

What concerns do you have along the student's LANGUAGE Pathway?

(Check all that apply)

- Difficulty interacting with others
- Disrupts others
- Does not speak
- Speaks too much
- Articulation/pronunciation concerns
- Verbally disruptive
- Verbally aggressive
- Volume control
- Vocabulary
- Tone of voice
- Difficulty adjusting communication methods based on audience
- Sequencing information
- Following multi-step directions
- No concerns in this area
- Other: _____

Developmental Pathways

What concerns do you have along the student's PSYCHOLOGICAL Pathway?

(Check all that apply)

- Does not attempt new tasks
- Often avoids challenging work
- Often appears sad
- Often appears mad
- Excessive Stress/anxiety
- Emotional regulation
- Self-awareness
- Too critical of self
- Emotionally immature
- No concerns in this area
- Other: _____

What concerns do you have along the student's ETHICAL Pathway?

(Check all that apply)

- Frequently lies
- Frequently steals
- Frequently manipulates
- Disrespectful of others
- Retaliation
- Difficulty with empathy/compassion for others
- Cheats
- Difficulty accepting criticism
- Disrespectful of other's property
- No concerns in this area
- Other: _____

What concerns do you have along the student's COGNITIVE Pathway?

(Check all that apply)

- Reading Concerns
- Writing Concerns
- Math Concerns
- Easily distracted
- Appears to act before thinking
- Difficulty working independently
- Difficulty with retaining information
- Disorganized
- Difficulty with prioritizing tasks
- Difficulty with impulse control
- Difficulty filtering important information
- Difficulty with problem solving
- Difficulty with executive functioning skills
- No concerns in this area
- Other: _____

Interventions

What interventions have you already tried?

(Check all that apply.)

- | | | |
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| <ul style="list-style-type: none"><input type="checkbox"/> Conference with student<input type="checkbox"/> Preferential seating<input type="checkbox"/> Proximity to teacher<input type="checkbox"/> Touch cues<input type="checkbox"/> Referral to social worker/counselor<input type="checkbox"/> Nurse consult<input type="checkbox"/> Structured transitions<input type="checkbox"/> Behavior plan<input type="checkbox"/> Referral to office<input type="checkbox"/> Detention<input type="checkbox"/> Suspension | <ul style="list-style-type: none"><input type="checkbox"/> SRBI<input type="checkbox"/> MoRRI Tutoring<input type="checkbox"/> Alternative Materials<input type="checkbox"/> Modified Instruction<input type="checkbox"/> Check work in progress<input type="checkbox"/> Graphic organizers<input type="checkbox"/> Differentiation<input type="checkbox"/> Daily feedback<input type="checkbox"/> Positive reinforcement<input type="checkbox"/> Nonverbal redirection<input type="checkbox"/> Have student restate information<input type="checkbox"/> Listing sequential steps<input type="checkbox"/> Visual reinforcers | <ul style="list-style-type: none"><input type="checkbox"/> Classroom job<input type="checkbox"/> Literature based discussion<input type="checkbox"/> Community Building activities<input type="checkbox"/> Restorative Circles<input type="checkbox"/> Peer Mediation<input type="checkbox"/> Provide choices<input type="checkbox"/> Journaling/drawing<input type="checkbox"/> Nothing yet<input type="checkbox"/> Other: _______________ |
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What is your specific concern? What support you are seeking from the SSST?

Please be as detailed as possible.

SSST meets on the 2nd & 4th Wednesday of every month at 8:00 - 8:30 am.

Are you available to meet at this time? If not, please indicate a good time under "Other".

- Yes No Other: _____

Please be sure to maintain and bring work samples & academic/behavioral documentation to the SSST meeting