Request for Student Support (ELEMENTARY)

Student's Name: _____ **Date:** _____

Student ID#: _____ **DOB:** _____ **Grade:** _____

Teacher: _____ **Referred By:** _____

Check those that apply: □Becca □Heart □504 □IEP- Goal Areas _____ □ELD □HICAP

1. **What do you hope to gain from this referral?**
   □Academic Suggestion/Support □Behavioral Suggestion/Support □SEL Support
   □Placement Consideration (i.e. SPED) □504 □Other: _____

2. **Describe behavior(s) of concern and how long behavior has been occurring:**
   _____

   _____

   _____

3. **Desired Outcome:** _____

   _____

   _____

4. **Student Strengths (talents, special interests, etc.):** _____

   _____

   _____

5. **Current Baseline Data:**

# of Office Discipline Referrals:	# of Absences:	# of Tardies:
ELA:	Written Language:	Math:

Medication (name/dose/time/physician): _____

Start Date of Medication (if known): _____

6. **Parent contacted on (date)_____ by:** □Phone □Conference □Letter

7. **General Review of Information Completed:**

   □Cum File Review □Talked with Previous Teacher/School □Talked with Parents/Guardians

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Request for Student Support (Pg. 2) Student ID#: _____

Check Area(s) of Concern:

Academic	Behavioral	Social-Emotional	Communication	Health	Personal Care
□reading □math □spelling □writing □study skills □specials □organization □other _____	□aggression □refusal □poor attention □work completion □disruptive □withdrawn □attendance □other _____	□trauma □personal loss □anxiety □peer relationships □adult relationships □family □other _____	□language □fluency □articulation □voice □ELL □other _____	□visual acuity □visual tracking □hearing □physical □seizures □medication □gross motor □fine motor □other _____	□dressing □hygiene □vision □other _____

Check Location(s) of Concern:

□Classroom (Social Behavior) □Classroom (Academic Behavior)	□Before School □After School □Recess □Bus	□Cafeteria □Restrooms □Hallways □Specials

Check Hypothesized Function of Behavior of Concern:

□Escape □ Person □ Place □ Thing	□Attention □ Person □ Place	□Obtain □ Person □ Place □ Thing	□Sensory □ Health/Medical

Check Attempted Strategies/Circle Effective Strategies:

Counseling Services	Mentoring	Behavioral Interventions	SEL	Academic
□small group counseling □check and connect □MHT □504 □community referral(s) □re-entry meeting(s) □restorative circles □mediation □other _____	□staff mentor □peer: peer mentor □community member mentor □Leadership role(s) □other _____	□FBA □success plan/BIP □environmental modifications □break systems □schedule changes □behavior contracts □self-monitoring □visual supports □individualized reinforcement systems □CICO □other _____	□targeted social skills instruction □other _____	□extended time on tasks □academic choice □modification of assignments □intervention supports □other _____

When completed, please return form to _____.

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