



A-TEAM INITIAL REFERRAL

Student _____ Grade _____ Date of Referral _____

✓ AREA(S) OF CONCERN:

Behavior

- Off Task Frequently
- Insubordination
- Other: _____
- Sleeping
- Disruptive

Academics

- Missing Assignments
- Academic apathy
- Other: _____

	P1	P2	P3	P4	P5	P6	P7/0
Current Grades:							

Attendance

	P1	P2	P3	P4	P5	P6	P7/0
# of UNX & EXC Absences							
# of Tardies							

Mental Health

- Grief/Loss
- Social Skills Concerns
- Anxiety
- Anger Issues
- Depression
- Suicidal
- Other: _____

INTERVENTIONS TRIED

- Set clear expectations w/student
- Positive reinforcement
- Daily work check
- Contacted administration
- Differentiated instruction
- Changed seating
- Student conference
- Phone call home
- Disciplinary referral
- Other _____

Parent Contacted on: _____ Phone Email Parent/Teacher meeting

Other Information: _____

A Team Review _____ **Scheduled Date:** _____

A-Team PLAN: _____

