|  |  |  |  |
| --- | --- | --- | --- |
| **Student Name:** | **Grade:** | **DOB:** | **Date:** |
| **Referring Teacher:** |
| **Parent/Guardian Name:** |
| Parent Contacted Prior to TAT Referral:[ ]  **YES**[ ]  **NO**By Who and When was the Parent Contacted?   | **How** was the parent contacted?[ ]  Phone[ ]  Note Home[ ]  Conference[ ]  Home Visit |

**Reason for Request (Primary Concern):**

[ ]  **Academic**

[ ]  **Behavioral**

[ ]  **Emotional**

[ ]  **Communication**

[ ]  **Medical**

**Student Strengths** (Check all that apply)

[ ]  Positive Attitude

[ ]  Hard Worker

[ ]  Trustworthy

[ ]  Works Well in Groups

[ ]  Respectful

[ ]  Focused/Goal Directed

[ ]  Organized

[ ]  Works Well Independently

[ ]  Good Sense of Humor

[ ]  Cooperates

[ ]  Responsible

[ ]  Creative

[ ]  Leadership Qualities

[ ]  Handles Conflict Well

[ ]  Athletic

[ ]  Musically Talented

[ ]  Artistically Talented

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Academic Concerns** (Check all that apply)

[ ]  Grades declining

[ ]  Disorganized

[ ]  Slow Rate of Work

[ ]  Work Completion

[ ] Not Following Directions

[ ]  Low Rate of Retention

[ ]  Poor Writing Skills

[ ]  Poor Reading Skills

[ ]  Poor Math Skills

[ ]  Poor Study Skills

[ ]  Gives Up Easily

[ ]  Doesn’t Work Well Independently

[ ]  Doesn’t Work with Others

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Behavioral Concerns** (Check all that apply)

[ ]  Verbally Disruptive

[ ]  Physically Disruptive

[ ]  Physically Aggressive

[ ]  Verbally Aggressive

[ ]  Victim of Bullying

[ ]  Bullies Others

[ ]  Destroys Property

[ ]  Easily Distracted

[ ]  Argumentative/Defiant

[ ]  Shy/Withdrawn

[ ]  Attention Seeking Behavior

[ ]  Avoided by Peers

[ ]  Easily Frustrated

[ ]  Anxious Behaviors

[ ]  Truant/Tardy

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal/Medical Concerns** (Check all that apply)

[ ]  Body Odor

[ ]  Poor Hygiene

[ ]  Overweight/Underweight

[ ]  Appears sickly

[ ]  Sleeps in Class/Lethargic

[ ]  Agitated/Nervous

[ ]  Difficulty Moving/ Uncoordinated

[ ]  Complaints of Physical Symptoms

[ ] Evidence of Self-Mutilation

[ ]  Smell of Smoke/Alcohol

[ ]  Possession of Illegal Substances

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you tried to do to resolve this problem?

What would be the best day(s)/time(s) for someone to observe the student having difficulties that you described above? (Please attach a copy of the student’s daily schedule, if available).

**Documentation of Student’s Performance**

Check the documentation that has been used to address the student’s concern(s). **Attach and return with this form.**

[ ]  Student Work Samples

[ ]  Classroom Data Collection

[ ]  Classroom/District Assessment(s)

[ ]  Parent Notes/ Emails

[ ]  Behavioral Documentation

[ ]  Attendance Record

[ ]  Informal Observations

[ ]  PLC Meeting Notes