|  |  |  |  |
| --- | --- | --- | --- |
| **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Shy/Withdrawn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