

# CAMPBELLSPORT SCHOOL DISTRICT BUILDING CONSULTATION TEAM REFERRAL FORM

Name:

Grade:

Teacher(s):

Date:

Parents Informed of Concerns:      Yes    No                      Method:

Academics		Classroom Habits		Social Skills		Physical Health	
<input type="checkbox"/>	READING	<input type="checkbox"/>	INDEPENDENT WORK	<input type="checkbox"/>	FRIENDSHIP SKILLS	<input type="checkbox"/>	VISION
<input type="checkbox"/>	WRITTEN LANGUAGE	<input type="checkbox"/>	GROUP WORK	<input type="checkbox"/>	COOPERATION WITH PEERS	<input type="checkbox"/>	HEARING
<input type="checkbox"/>	SPELLING	<input type="checkbox"/>	TASK COMPLETION	<input type="checkbox"/>	PHYSICAL AGGRESSION	<input type="checkbox"/>	HYGIENE
<input type="checkbox"/>	MATHEMATICS	<input type="checkbox"/>	WORK ACCURACY/ QUALITY	<input type="checkbox"/>	VERBAL AGGRESSION	<input type="checkbox"/>	NUTRITION
<input type="checkbox"/>	CONTENT AREAS	<input type="checkbox"/>	ORGANIZATION	<input type="checkbox"/>	TEASES OTHERS	<input type="checkbox"/>	FREQUENT ILLNESS
<input type="checkbox"/>	BACKGROUND KNOWLEDGE	<input type="checkbox"/>	PARTICIPATION	<input type="checkbox"/>	TEASED BY OTHERS	<input type="checkbox"/>	FATIGUE
<input type="checkbox"/>	VOCABULARY	<input type="checkbox"/>	WORKING AT ABILITY LEVEL	<input type="checkbox"/>	ANGER CONTROL	<input type="checkbox"/>	VOICE QUALITY
<input type="checkbox"/>	RETENTION OF INFORMATION	<input type="checkbox"/>	LACK OF INTEREST	<input type="checkbox"/>	QUICK TO BLAME OR DEFEND	<input type="checkbox"/>	FACIAL GRIMACE OR TICS
<input type="checkbox"/>	ORAL DIRECTIONS	<input type="checkbox"/>	TRANSITIONS	<input type="checkbox"/>	RESPONSE TO SOCIAL CUES	<input type="checkbox"/>	PHYSICAL COMPLAINTS
<input type="checkbox"/>	WRITTEN DIRECTIONS	<input type="checkbox"/>	CHANGES IN ROUTINE			<input type="checkbox"/>	MEDICAL CONCERNS
<input type="checkbox"/>	REASONING/ UNDERSTANDING						

Emotion/Mood		Communication		Attention		Others	
<input type="checkbox"/>	DEMAND FOR ATTENTION	<input type="checkbox"/>	EXPRESSION OF IDEAS	<input type="checkbox"/>	ATTENTION	<input type="checkbox"/>	FAMILY CHANGE
<input type="checkbox"/>	SELF CONFIDENCE	<input type="checkbox"/>	SPEECH ARTICULATION	<input type="checkbox"/>	DISTRACTIBILITY	<input type="checkbox"/>	FAMILY CONCERNS
<input type="checkbox"/>	RESPONSE TO CRITICISM	<input type="checkbox"/>	STUTTERS OR REPEATS WORDS	<input type="checkbox"/>	IMPULSE CONTROL	<input type="checkbox"/>	COMMUNITY PROBLEMS
<input type="checkbox"/>	MOOD CONTROL	<input type="checkbox"/>	MULTI-STEP PROBLEMS	<input type="checkbox"/>	FREQUENTLY INTERRUPTS	<input type="checkbox"/>	FREQUENT ABSENCES OR TARDIES
<input type="checkbox"/>	ANXIETY LEVEL	<input type="checkbox"/>	PRAGMATIC COMMUNICATION	<input type="checkbox"/>	FREQUENTLY DISRUPTS OTHERS	<input type="checkbox"/>	RISK OF RETENTION
<input type="checkbox"/>	WITHDRAWN			<input type="checkbox"/>	COMPLIANCE DIFFICULTIES		
<input type="checkbox"/>	FRUSTRATION TOLERANCE						
<input type="checkbox"/>	SADNESS/DEPRESSION						
<input type="checkbox"/>	EASILY OVER-STIMULATED						

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

<input type="checkbox"/>	ORGANIZED	<input type="checkbox"/>	TAKES PRIDE IN WORK	<input type="checkbox"/>	MUSICALLY TALENTED
<input type="checkbox"/>	ATHLETIC	<input type="checkbox"/>	MOTIVATED	<input type="checkbox"/>	COMPLETES HOMEWORK
<input type="checkbox"/>	HANDLES CONFLICT WELL	<input type="checkbox"/>	HARD WORKER	<input type="checkbox"/>	GOOD STUDY SKILLS
<input type="checkbox"/>	HIGH EXPECTATIONS OF SELF	<input type="checkbox"/>	POSSESSES LEADERSHIP SKILLS	<input type="checkbox"/>	OTHER:
<input type="checkbox"/>	POSITIVE ATTITUDE	<input type="checkbox"/>	CREATIVE		
<input type="checkbox"/>	WORKS WELL IN GROUPS	<input type="checkbox"/>	ARTISTIC		
<input type="checkbox"/>	WORKS WELL INDEPENDENTLY	<input type="checkbox"/>	TAKES PRIDE IN PERSONAL APPEARANCE		
<input type="checkbox"/>	TRUSTWORTHY	<input type="checkbox"/>	GOAL DIRECTED		
<input type="checkbox"/>	RESPONSIBLE	<input type="checkbox"/>	COOPERATIVE		
<input type="checkbox"/>	GOOD SENSE OF HUMOR	<input type="checkbox"/>	RESPECTFUL		

**List any resources that are currently being utilized:**

<input type="checkbox"/>	ACADEMIC ASSISTANCE OR TUTORING
<input type="checkbox"/>	DIRECT STUDY SKILLS INSTRUCTION
<input type="checkbox"/>	COUNSELING
<input type="checkbox"/>	READING A-Z
<input type="checkbox"/>	READ 180
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	