

Student At-Risk Referral Form

General Information

Student Name: _____ Parent/Guardian: _____

Referring Teacher (s) _____ Phone Number: _____

_____ Address: _____

How and when was parent notified about referral: _____

Reason for Referral (Primary Concern):

_____ Academic _____ Behavioral _____ Emotional

Please describe the specific concerns prompting this referral. What makes this student difficult to teach? List any academic, social, emotional or other factors that you think negatively impact the student's performance.

How do this student's academic skills compare to those of an average student in your classroom?

In what settings/situations does the problem occur most often?

In what settings/situations does the problem occur least often?

What are the student's strengths, talents, or specific interests?

What have you tried to resolve this problem?

How did it work?

When did you start the intervention? _____ When did you end the intervention? _____