

Check and Connect Referral Form

Nevada R-5 School District

Student Name: _____ Grade Level: _____ Date of Referral: _____

Name of person making the referral: _____

Contact #: _____ Position: _____

Supporting Information

Days absent: _____ #Days tardy to class: _____ #Days suspended: _____ Current Grade (%) _____

Check any behavioral issue that applies:

- | | |
|---|---|
| <input type="checkbox"/> Aggression against peers | <input type="checkbox"/> Incomplete classroom assignments |
| <input type="checkbox"/> Aggression against authority figures | <input type="checkbox"/> "Invisible"/Lack of peer relationships |
| <input type="checkbox"/> Incomplete homework assignments | <input type="checkbox"/> Victim of repetitive bullying |
| <input type="checkbox"/> Withdrawn for an extended period of time | |
| <input type="checkbox"/> Other: _____ | |

Check level of engagement in learning (e.g., participates in discussions, knows what is going on in class):

- High level of engagement (always participates)
- Medium level of engagement (some participation)
- Low level of engagement (participates only when forced)
- No level of engagement (in class, but no participation)

Check any in-school services that apply:

- IEP (state the disability or behavioral issue): _____
- Tutoring
- Other (please explain) _____

Check parent(s) level of involvement with student's education.

- High Medium Low Very Low

Student's Strengths/Interests: _____

Student's Extra-curricular involvement: _____

Prior Interventions: _____

Please list any additional information that would assist a mentor in helping this student:

