Student Assistance Elementary School Initial Referral
(Grades K-5/6)

Complete Prior Interventions Checklist on reverse.

To: Student Assistance Program

From: __________________________________________ Date: ________________

Student: __________________________________________ Grade: ______

Reasons for Referral: (please circle one or more)

■ Attendance
■ Academics

■ Behavior
■ Health

Please give a brief description of observed behavior that has prompted your concern. Please avoid subjective comments.

Is this student receiving additional RtI or PBIS services? (circle appropriate responses)

No   Yes at Tier _____ in reading / math / behavior

Student has been at this tier for the past _____ weeks.

Who are the teachers and/or specialists who also have contact with this student?

Please place in a sealed envelope and place in the SAP Referral Box located at

____________________________________.

Please complete the Prior Interventions Checklist on back. This referral will be discussed, and the data collection process initiated as soon as possible. You will be contacted for more information at that time.
Elementary Prior Interventions Checklist

Student Name & Grade: ___________________________________________________________

Referring Teacher: ___________________________ Date: ______________________

Please indicate the types of intervention you have tried prior to referral by placing an ‘x’ in front of the strategies you have implemented.

___ Spoke to student privately after class.
   ___ Explained class rules and expectations
   ___ Explained concerns
___ Gave student help after class/school.
___ Initiated RtI interventions at Tier 1 / Tier 2 (circle)   ___ Referred for Tier 2 PBIS services
___ Implemented preferential seating.   ___ Gave student special work at his/her level.
___ Implemented peer tutoring or study buddies.
___ Arranged an independent study program for student.
___ Utilized cooperative learning.   ___ Modified assignments.
___ Modified the discipline plan.   ___ Checked cumulative folder.
___ Referred for ELL services.   ___ Built on student’s successes.
___ Demonstrated extra attention to student.
___ Established contingency management program with student.
___ Assigned student after school detention.
___ Referred student to social worker/guidance/administration.
___ Spoke with parent on the telephone. Phone No. _____________ Date: ______________
___ Held conference with parent at school.
___ Sent notices home regarding behavior/school work.

Other (Please explain):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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Elementary Student Assistance Indicators of Concern Data Form

Please check all the following indicators of concern for this student.

Student’s Name: _____________________________ Today’s Date:____________

Gender: ___________ Grade Level: _________ Teacher: ________________

Your Name: __________________________________________________________

Behaviors: Check all that apply

___ Disorganized
___ Forgetful
___ Defiant of rules
___ Fails to accept responsibility
___ Blaming
___ Uses attention-getting behavior
___ Hyperactive or nervous
___ Appears agitated
___ Regular daydreaming
___ Short attention span, easily distracted
___ Lacks control in unstructured situations
___ Lies to teacher or others
___ Cheats on assignments
___ Uses inappropriate language
___ Cries inappropriately
___ Bullies others
___ Demonstrates aggressive behavior
___ Steals objects belonging to others
___ Vandalizes others’ belongings
___ Overly concerned about achieving
___ Prefers to work and/or play alone
___ Overly sensitive to criticism
___ Excessive sadness
___ Other: __________________________________________________________

Academic: Check all that apply

___ Drop in grades
___ Inconsistent work
___ Lack of motivation
___ Incomplete homework
___ Incomplete classwork
___ Turns in sloppy work
___ Change in participation
___ Does not follow directions
___ Gives up easily
___ Other:

Development Assets: Check all that apply

___ Self-motivated
___ High self-regard
___ Demonstrates restraint
___ Demonstrates honesty
___ Demonstrates responsibility for age-appropriate tasks
___ Demonstrates respect for property
___ Demonstrates enjoyment for learning
___ Demonstrates regard for others
___ Adapts to change
___ Positive view of future
___ Volunteers to help teacher and others
___ Articulates feelings in appropriate ways
___ Reads for pleasure
___ Asks for assistance
___ Other: __________________________________________________________

Physical Concerns: Check all that apply

___ Requests frequent visits to nurse
___ Frequent absences due to illness
___ Frequently fatigued
___ Sleeps in class
___ Hygiene problems
___ Frequent physical complaints
___ Overly concerned about body image
___ Appears to have multiple cut marks
___ Overly concerned about achieving
___ Other: __________________________________________________________

___ Number of phone calls to parents/guardian
___ Number of letters sent to parent/guardians

Dates of parent conferences: ____________________
Student Assistance Program  
Middle and High School Initial Concern Referral

Complete Prior Interventions Checklist on reverse.

To:  Student Assistance Program

From: ___________________________________________ Date: __________________

Student: _____________________________________________________________

Grade in School: ___________ Subject or Activity: ___________________________

Reasons for Referral: (please circle one or more)

■ Attendance  ■ Academics  ■ Behavior  ■ Health

Please give a brief description of observed behavior that has prompted your concern. Please avoid subjective comments.

Please give a brief description of observed behavior that has prompted your concern. Please avoid subjective comments.

Is this student receiving additional RtI or PBIS services? (circle appropriate responses)

No       Yes  at Tier _____  in reading / math / behavior

Student has been at this tier for the past _____ weeks.

Please place in a sealed envelope and place in the SAP Referral Box located at ________________________________

Please complete the Prior Interventions Checklist on the reverse side. This referral will be discussed, and the data collection process initiated as soon as possible. You will be contacted for more information at that time.

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Middle and High School Prior Interventions Checklist

Student Name & Grade: ____________________________________________________________

Referring Teacher: ___________________________ Date: __________________________

Please indicate the types of intervention you have tried prior to referral by placing an ‘x’ in front of the strategies you have implemented.

___ Spoke to student privately after class.
   ___ Explained class rules and expectations
   ___ Explained concerns
   ___ Gave student help after class/school.

___ Initiated RtI interventions at Tier 1 / Tier 2 (circle) ___ Referred for Tier 2 PBIS services
___ Implemented preferential seating. ___ Gave student special work at his/her level.
___ Implemented peer tutoring or study buddies.
___ Arranged an independent study program for student.
___ Utilized cooperative learning. ___ Modified assignments.
___ Modified the discipline plan. ___ Checked cumulative folder.
___ Referred for ELL services. ___ Built on student’s successes.
___ Demonstrated extra attention to student.
___ Established contingency management program with student.
___ Assigned student after school detention.
___ Referred student to social worker/guidance/administration.
___ Spoke with parent on the telephone. Phone No. ____________ Date: ________________
___ Held conference with parent at school.
___ Sent notices home regarding behavior/school work.

Other (Please explain):
__________________________________________________________________________
__________________________________________________________________________

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### Student Assistance Program

**Middle/High School Student Assistance Indicators of Concern Data Form**

Please check all the following indicators of concern for this student.

<table>
<thead>
<tr>
<th>Student’s Name: ____________________________</th>
<th>Today’s Date: ________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: _______ Grade Level: _______ Subject: ____________________________</td>
<td></td>
</tr>
<tr>
<td>Your Name: ______________________________________________________________</td>
<td></td>
</tr>
</tbody>
</table>

#### Behaviors: Check all that apply

- ___ Disorganized
- ___ Forgetful
- ___ Defiant of rules
- ___ Fails to accept responsibility
- ___ Blames others
- ___ Uses attention-getting behaviors
- ___ Appears agitated, hyperactive or nervous
- ___ Regular daydreaming
- ___ Isolated or withdrawn
- ___ Mood swings
- ___ Sexually preoccupied
- ___ Cheats on assignments
- ___ Inappropriate language
- ___ Cries inappropriately
- ___ Bullies others
- ___ Demonstrates aggressive behavior
- ___ Steals others’ belongings
- ___ Dishonest or lies to teacher and others
- ___ Vandalizes others’ property
- ___ Overly concerned about achievement
- ___ Overly sensitive to criticism
- ___ Talks about personal substance use, depression, gang related activity, sexual issues, harassment, homelessness
- ___ Multiple office discipline referrals
- ___ Other: ____________________________

#### Academic: Check all that apply

- ___ Drop in grades
- ___ Inconsistent work
- ___ Lack of motivation
- ___ Appears to have problems with reading class material
- ___ Incomplete homework
- ___ Incomplete class work
- ___ Failing quiz grades
- ___ Compulsive overachiever
- ___ Change in participation
- ___ Does not follow directions
- ___ Gives up easily
- ___ Other: ____________________________

#### Development Assets: Check all that apply

- ___ Self-motivated
- ___ Demonstrates the following:
  - ___ restraint
  - ___ honesty
  - ___ responsibility
  - ___ regard for self
  - ___ regard for others
  - ___ sense of purpose
  - ___ patience for others
  - ___ Tolerates change
  - ___ Expresses positive view of future
  - ___ Engages in school activities
  - ___ Has creative outlets
  - ___ Reads for pleasure
  - ___ Asks for assistance
  - ___ Other: ____________________________

#### Physical Concerns: Check all that apply

- ___ Frequent absences due to illness
- ___ Frequently fatigued
- ___ Sleeping in class
- ___ Hygiene problems
- ___ Frequent physical complaints
- ___ Slurred speech
- ___ Overly concerned about body image
- ___ Evidence of multiple cuts or skin abrasions
- ___ Requests passes to see school nurse
- ___ Talks about physical issues that raise concern.
Other: ____________________________

#### Other: ____________________________

### Notes:

- Number of phone calls to parents/guardian
- Number of letters sent to parents/guardians

Dates of parent conferences: ____________________________
Student Assistance Program Health Indicator Report

Student: ___________________________ Grade/Team: ________________
Nurse/Health Professional: _____________________ Date: ________________

Please provide appropriate health information on the above student to the Student Assistance Program. HIPPA guidelines will apply per school policy.

Do you have any concerns about this student’s physical or mental health? Please explain.

_____________________________________________________________ _______

Previous Health History:
Known health problems:


Long term medications that may impact school performance:


Physical Appearance: (i.e. Personal hygiene, dress, odor of smoke, etc.) Please supply any additional information that would be helpful to the SAP in working with this student.


Visits to Nurse: Please supply any information about this student’s visits to the health office that would be of value to the SAP in working with this student.


Other Pertinent Information:


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Administrative/Social Work/Guidance Indicators Report

To: _____________________________________________

From: Student Assistance Program

Student: __________________________________________ Date: ________________

Information about your contact with the above-named student will help the Student Assistance Program understand him/her and develop effective educational and behavioral strategies. Please complete the following and submit.

To: _____________________________ By: __________________________

1. Approximately how many times has this student been referred to your office during this school year for behavioral or other reasons? _________

2. Approximately how many times have the parents/guardians been contacted by your office regarding concerns about this student? _________

3. Briefly describe the indicators of concern (behavior, academic, health, attendance) about this student.

4. List dates and reasons for in-school suspension.

5. List dates and reasons for out-of-school suspension.

6. What additional concerns do you have about this student?

7. What strategies have you tried with this student that has been successful?

8. What strategies have you tried with this student that the student has not responded to?

Thank you for taking time from your schedule to help the SAP by providing this information.
Invitation to Join SAP Team Meeting

From: ________________________________________________

To: ________________________________________________

Regarding: ____________________________________________

Today’s Date: ________________________________________

We value your concern about our students and appreciate that you have expressed that concern to the Student Assistance Program. Our school’s Student Assistance Team will be meeting at the following date and time to discuss the above referenced student. We hope that you be attend this meeting to give us further insight into this student’s needs.

Date: __________________________

Time: __________________________

Location: _______________________  

It is the practice of our SAP to enlist the help of our referring staff to attend only during the time that we are working on the case referred by you. Therefore, you will not be expected to attend other than during the time we work with the above student.

Thank you for assisting the Student Assistance Team in working with the above-named student. Your input is important to this work.
STUDENT ASSISTANCE BEHAVIOR CONTRACT

Date: ____________________

This is what is happening that needs to change:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

This is what will be happening after that change:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

This is what I need to be doing to make that happen:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

My check-up day and time is ___________________________. If I have complied with my contract, my positive consequences will be:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

(Student’s name)                                   (Adult’s name)
Student Assistance Program
Indicators of Concern Data Composite

Student’s Name: _____________________________ Today’s Date:____________

Gender: ___________ Grade Level: _________ Teacher: _______________

Your Name: _________________________________________________________

RtI Status: _______________ PBIS Status ___________

1. Using the Elementary Student Assistance Indicators of Concern Data Form, create a total of responses for each category in each box.

2. What are the expected vs demonstrated concerns (reference ISBE Social-Emotional Learning Standards and other sources)?

3. What additional environmental or other factors will influence strategies implemented?

4. For behavioral concerns, what are the antecedents, the who, what, where, when, and consequences of the behavior?
## Student Assistance Planning Form

Prioritize concerns identifying those as most critical or immediate needs.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Short / Long Term</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Create specific targets for intervention (maximum effect, foundational skills and needs).

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Specific Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Established goals for this student that are specific and measurable.

<table>
<thead>
<tr>
<th>Goal: what will occur</th>
<th>Who will implement</th>
<th>When will this occur</th>
<th>Measurement Indicator / Benchmarks</th>
<th>Monitoring Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

What is the dosage / level necessary for progress to occur?

What resources, instruction or coaching needs to occur to implement the plan?
**Student Assistance Program**

**Intervention Fidelity Planning and Progress Monitoring Tool**

<table>
<thead>
<tr>
<th>Student’s Name _______________________</th>
<th>Age _____</th>
<th>Grade Level __________</th>
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<tbody>
<tr>
<td></td>
<td>Today’s Date: __________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RtI Status __________</td>
<td>PBIS Status: __________</td>
</tr>
</tbody>
</table>

**Definition of the Problem:**

**Date of Entry with Problem Solving Team:**

**Define intervention steps (what, how, how often):**

**Intervention is:**

- [ ] Research-Based
- [ ] Practice-Based

**Individuals responsible for intervention implementation:**

**Dates for progress monitoring:**

**Was the intervention implemented with fidelity?**

- [ ] Yes
- [ ] No

If no, please explain:

**Level of success of intervention:**

1 = minimally successful 2 = somewhat successful 3 = very successful

**Reasons for negative or positive growth toward goal:**

**Were other interventions used that were also:**

- [ ] successful?
- [ ] unsuccessful?

Please explain:

**Next Steps:**
**Student Assistance Planning Form**

Student: ______________________________________  Meeting Date: ____________

<table>
<thead>
<tr>
<th>Targeted Intervention</th>
<th>Who Will Implement</th>
<th>Monitoring Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>When Will This Occur</td>
<td>Desired Outcome</td>
</tr>
<tr>
<td>Fidelity:</td>
<td>Measurement Indicator</td>
<td>Date Of Next Review In Team Meeting</td>
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<tr>
<td>Fidelity:</td>
<td>Measurement Indicator</td>
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# Student Assistance Progress Monitoring and Follow Up Form

Student: ___________________________ Date: _________________________

Intervention Implemented:

Dates of Intervention: From ______________________ to _______________________

Intervention Success Level as of Current Date: _______________________

4 = Making good progress; move on to additional intervention strategies  
3 = Making progress; continue with intervention  
2 = Intervention beginning to show success; continue with this intervention  
1 = No progress; need to review and respond

Comments:

Next Steps:

___ Continue with present interventions until next review date on ______.

___ Amend the current intervention to the following:

___ Stop current intervention and begin new interventions as follows:

<table>
<thead>
<tr>
<th>Targeted Intervention</th>
<th>Who will implement</th>
<th>Monitoring schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When will this occur</td>
<td>Desired outcome</td>
<td></td>
</tr>
<tr>
<td>Measurement indicator</td>
<td>Date of next review in team meeting</td>
<td></td>
</tr>
</tbody>
</table>
# Student Assistance Progress Monitoring Chart

<table>
<thead>
<tr>
<th>Skill Development or Other Strategy Goal</th>
<th>Date 11/15</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress Management – deep breathing</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 = Making good progress; move on to another skill
3 = Making progress; continue working on this skill
2 = Understanding beginning to develop; continue working on this skill
1 = No progress; need to review and respond with new strategies

**Plot for Goal # ____:**

1. 
2. 
3. 
4. 

**Plot for Goal # ____:**

1. 
2. 
3. 
4. 

---

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Student Assistance Program

Progress Monitoring Checklist Grades 1 - 6

Please return this progress monitoring checklist to ______________________ by _______.

Your Name____________________________________   Date _______________

Student’s Name________________________ Age ____ Grade Level____

RtI Status_________  PBIS Status: __________

Please check the items in which you have seen progress for this student during the past
___________ weeks.

Behaviors: Check all that apply

___ Disorganized  ___ Forgetful
___ Defiant of rules
___ Fails to accept responsibility
___ Fails to follow behavior expectations
___ Blames others
___ Uses attention-getting behaviors
___ Hyperactive or nervous
___ Appears agitated  ___ Demonstrates anger
___ Regular daydreaming
___ Isolated or withdrawn  ___ Mood swings
___ Sexually preoccupied
___ Cheats on assignments  ___ Dishonest
___ Inappropriate language
___ Inappropriate crying
___ Bullies others
___ Demonstrates aggressive behavior
___ Steals others’ belongings
___ Lies to teacher and others
___ Vandalizes others’ property
___ Overly concerned about achievement
___ Overly sensitive to criticism
___ Talks about personal substance use
___ Talks about family issues that cause concern
___ Other: ________________________________

Physical Concerns: Check all that apply

___ Frequent absences due to illness
___ Frequently fatigued
___ Sleeping in class
___ Hygiene problems
___ Frequent physical complaints
___ Slurred speech
___ Overly concerned about body image
___ Evidence of multiple cuts or skin abrasions
___ Requests passes to see school nurse
___ Talks about physical issues that raise concern.

Other: ____________________________

Physical Concerns: Check all that apply

___ Frequent absences due to illness
___ Frequently fatigued
___ Sleeping in class
___ Hygiene problems
___ Frequent physical complaints
___ Slurred speech
___ Overly concerned about body image
___ Evidence of multiple cuts or skin abrasions
___ Requests passes to see school nurse
___ Talks about physical issues that raise concern.

Other: ____________________________
Student Assistance Program

Progress Monitoring Checklist Grades 6 - 12

Please return this progress monitoring checklist to ______________________ by _______.

Your Name____________________________________   Date _______________

<table>
<thead>
<tr>
<th>Student’s Name ___________________</th>
<th>Age ____</th>
<th>Grade Level ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>RtI Status___________</td>
<td>PBIS Status: __________</td>
<td></td>
</tr>
</tbody>
</table>

Please check the items in which you have seen progress for this student during the past ______________ weeks.

### Behaviors: Check all that apply

- ___ Disorganized
- ___ Forgetful
- ___ Defiant of rules
- ___ Fails to accept responsibility
- ___ Fails to follow behavior expectations
- ___ Blames others
- ___ Uses attention-getting behaviors
- ___ Hyperactive or nervous
- ___ Appears agitated
- ___ Demonstrates anger
- ___ Regular daydreaming
- ___ Isolated or withdrawn
- ___ Mood swings
- ___ Sexually preoccupied
- ___ Cheats on assignments
- ___ Dishonest
- ___ Inappropriate language
- ___ Inappropriate crying
- ___ Bullies others
- ___ Demonstrates aggressive behavior
- ___ Steals others’ belongings
- ___ Lies to teacher and others
- ___ Vandalizes others’ property
- ___ Overly concerned about achievement
- ___ Overly sensitive to criticism
- ___ Talks about personal substance use
- ___ Talks about family issues that cause concern
- ___ Other: ____________________________

### Physical Concerns: Check all that apply

- ___ Frequent absences due to illness
- ___ Frequently fatigued
- ___ Sleeping in class
- ___ Hygiene problems
- ___ Frequent physical complaints
- ___ Slurred speech
- ___ Overly concerned about body image
- ___ Evidence of multiple cuts or skin abrasions
- ___ Requests passes to see school nurse
- ___ Talks about physical issues that raise concern.

Other: ____________________________
# Student Assistance Benchmark Tracking Sheet

**Student’s Name____________________ Age _____ Grade Level ______**

RtI Status_________  
PBIS Status: ___________

### Strategy:

__________________________________________________________________

### Expected Progress

### Benchmark Dates and Scores

<table>
<thead>
<tr>
<th>Significant Progress</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected Progress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Progress</td>
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<tr>
<td>Baseline</td>
<td></td>
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</tbody>
</table>

Dates

| Dates |   |   |   |   |   |   |

### Next Steps

**Strategy:**

__________________________________________________________________

### Expected Progress

### Benchmark Dates and Scores

<table>
<thead>
<tr>
<th>Significant Progress</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Expected Progress</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Progress</td>
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<tr>
<td>Baseline</td>
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</tr>
</tbody>
</table>

Dates

| Dates |   |   |   |   |   |   |
Case Manager / Facilitator Checklist (Grades 1 - 6)

Date: ____________________________ Grade/Team/Section: ______

Student Name: ____________________________ Date of Birth: ____________

Parent Name: ____________________________ Home #: _______________

Address: ____________________________ Work #: _______________

City/State/Zip: ____________________________ Case Mgr.: _______________

<table>
<thead>
<tr>
<th>Date Sent</th>
<th>Date Received</th>
<th>Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Classroom Teacher</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speech Pathologist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Music</td>
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Summary of Action (use reverse side of paper):

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Case Manager / Facilitator Checklist (Grades 6-12)

Date: ___________________________ Grade/Team/Section: _______
Student Name: ___________________ Date of Birth: _____________
Parent Name: ____________________ Home #: _________________
Address: _________________________ Work #: ________________
City/State/Zip: ____________________ Case Mgr.: ______________

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