

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)

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Health |

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

Is this student receiving additional Rtl 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.

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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 Rtl 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):

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
- Other: _____
- _____

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_____ 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 Rtl 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):

Student Assistance Program
Middle/High School 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: _____ Subject: _____

Your Name: _____

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: _____
- Expressed a positive relationship with staff member _____
- 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: _____

_____ Number of phone calls to parents/guardian

_____ Number of letters sent to parent/guardians

Dates of parent conferences: _____

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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.

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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: _____

Rtl 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.

_____ short / long term

_____ short / long term

_____ short / long term

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

Priority Level _____

Priority Level _____

Priority Level _____

Priority Level _____

Established goals for this student that are specific and measurable.

Goal: what will occur	Who will implement	When will this occur	Measurement Indicator / Benchmarks	Monitoring Schedule

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

What resources, instruction or coaching needs to occur to implement the plan?

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**Student Assistance Program
Intervention Fidelity Planning and Progress Monitoring Tool**

Student's Name _____	Age _____	Grade Level _____
Today's Date: _____		
Rtl Status _____	PBIS Status: _____	

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:

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Student Assistance Planning Form

Student: _____ Meeting Date: _____

Targeted Intervention	Who Will Implement	Monitoring Schedule
Fidelity:	When Will This Occur	Desired Outcome
	Measurement Indicator	Date Of Next Review In Team Meeting
Targeted Intervention	Who Will Implement	Monitoring Schedule
Fidelity:	When Will This Occur	Desired Outcome
	Measurement Indicator	Date Of Next Review In Team Meeting
Targeted Intervention	Who Will Implement	Monitoring Schedule
Fidelity:	When Will This Occur	Desired Outcome
	Measurement Indicator	Date Of Next Review In Team Meeting

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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:

Targeted Intervention	Who will implement	Monitoring schedule
	When will this occur	Desired outcome
	Measurement indicator	Date of next review in team meeting

Student Assistance Progress Monitoring Chart

Student's Name _____ Age _____ Grade Level _____
RtI Status _____ PBIS Status: _____

- 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

Skill Development or Other Strategy Goal	Date 11/15	Date	Date	Date	Date	Comments
Stress Management – deep breathing	3					

Plot for Goal # _____.
 4. _____
 3. _____
 2. _____
 1. _____

Plot for Goal # _____.
 4. _____
 3. _____
 2. _____
 1. _____

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: _____

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Student Assistance Program

Progress Monitoring Checklist Grades 6 - 12

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: _____

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Student Assistance Benchmark Tracking Sheet

Student's Name _____ Age ____ Grade Level _____ RtI Status _____ PBIS Status: _____
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Strategy: _____

Expected Progress

Benchmark Dates and Scores

Significant Progress						
Expected Progress						
Minimal Progress						
Baseline						

Dates _____

Next Steps

Strategy: _____

Expected Progress

Benchmark Dates and Scores

Significant Progress						
Expected Progress						
Minimal Progress						
Baseline						

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.:** _____

Date Sent	Date Received	Data Sources
		Classroom Teacher
		PE
		Speech Pathologist
		Music
		Art
		RtI Coordinator
		Other _____
		Staff follow-up
		Follow-up Reminder
		Student Evaluation Sheet
		Nurse Data Form
		Counselor Data Form
		Parent Letter and Questionnaire
		Release of Information
		Report Cards (last 1 year)
		Attendance Report
		Discipline Chronology

Date	Action Taken
	Summarized staff data responses
	Reviewed referral with counselor
	Reviewed referral with team
	Reviewed alternatives and options
	Contacted/met with student
	Contacted/met with parent

Summary of Action (use reverse side of paper):

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.: _____

Date Sent	Date Received	Data Sources
		Math
		Science
		Social Studies
		Language Arts
		Reading
		Rtl Coordinator
		Other _____
		Staff follow-up
		Follow-up Reminder
		Student Evaluation Sheet
		Nurse Data Form
		Counselor Data Form
		Parent Letter and Questionnaire
		Release of Information
		Report Cards (last 1 year)
		Attendance Report
		Discipline Chronology

Date	Action Taken
	Summarized staff data responses
	Reviewed referral with counselor
	Reviewed referral with team
	Reviewed alternatives and options
	Contacted/met with student
	Contacted/met with parent

Summary of Action (use reverse side of paper):

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