

STAR TEAM

Student Assistance and Referral Team
Belleville West High School

Initial Referral

STUDENT BEING REFERRED: _____ I.D.#: _____

YEAR IN SCHOOL: 9 10 11 12

YOUR NAME: _____ DATE: _____

Please check the areas of concern:

- Academic
- Behavior
- Health
- Attendance
- Other

Reasons for Referral: (Please provide specific, descriptive observable information.)

Academic:

Behavior:

Health:

Attendance:

Other:

*** See Reverse Side ***

CLASSROOM INTERVENTION CHECKLIST

- _____ Conversation with student privately to explain class rules, expectations, or concerns. (ex: hallway, after class, etc.)
- _____ Before or after school assistance with class.
- _____ Relocated the student in the classroom (new seating assignment, etc.)
- _____ Attempted to give student additional attention.
- _____ Informed student of tutoring services available.
- _____ Written parental contact regarding student behavior, academic or other.
- _____ Parental contact by telephone regarding student behavior, academic or other.
- _____ Parental conference at school regarding student behavior, academic or other.
- _____ Student/teacher contract developed to improve overall performance.
- _____ Verbal or written communication with West counselor regarding situation.
- _____ Verbal or written communication with West AP regarding situation.

Other (please explain):
