

Monongalia County Schools/Student Assistance Team Referral Checklist (Revised 6/23/2009)

Student's Name: _____ **Date of Birth:** _____ **School:** _____ **Teacher:** _____ **Date:** _____

<p>Personal Strengths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Social Skills <input type="checkbox"/> Motivated/Hard Worker <input type="checkbox"/> Sense of Humor <input type="checkbox"/> Helpful <input type="checkbox"/> Cooperative <input type="checkbox"/> Responsible <input type="checkbox"/> Confident <input type="checkbox"/> Positive Attitude <input type="checkbox"/> Persistent <input type="checkbox"/> Kind/Caring <input type="checkbox"/> Verbal Skills <input type="checkbox"/> Organization/Planning <input type="checkbox"/> Good Coping Skills <input type="checkbox"/> Enjoys Challenges <input type="checkbox"/> Honest/Truthful <input type="checkbox"/> Shares <input type="checkbox"/> Other: 	<p>Academic Strengths:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reading <input type="checkbox"/> Math <input type="checkbox"/> Social Studies <input type="checkbox"/> Science <input type="checkbox"/> Problem Solving <input type="checkbox"/> Written Expression <input type="checkbox"/> Creativity <input type="checkbox"/> Art/Drama/Dance (Circle) <input type="checkbox"/> Music <input type="checkbox"/> Athletic Skills <input type="checkbox"/> Leadership Skills <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Higher Level Thinking Skills <input type="checkbox"/> Other: 	<p>Academic Weaknesses:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Basic Reading Skills <input type="checkbox"/> Reading Fluency <input type="checkbox"/> Reading Comprehension <input type="checkbox"/> Spelling <input type="checkbox"/> Written Expression <input type="checkbox"/> Math Calculations <input type="checkbox"/> Math Reasoning <input type="checkbox"/> Oral Expression <input type="checkbox"/> Listening Comprehension <input type="checkbox"/> Global Academic Issues <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Fails to Respond to Intervention <input type="checkbox"/> Fine/Gross Motor (Circle) <input type="checkbox"/> Expressive/Receptive/Articulation/Pragmatic Language Concerns (Circle all that apply.) <input type="checkbox"/> Adaptive Behavior <input type="checkbox"/> Other: 	<p>Learning /Behavior Concerns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initiating Tasks <input type="checkbox"/> Completing Tasks <input type="checkbox"/> Organization/Planning Problems <input type="checkbox"/> Inconsistent Performance <input type="checkbox"/> Declining Performance <input type="checkbox"/> Long Standing Academic Problems <input type="checkbox"/> Short Attention Span <input type="checkbox"/> Easily Distracted <input type="checkbox"/> Overactive <input type="checkbox"/> Underactive <input type="checkbox"/> Daydreams <input type="checkbox"/> Impulsive/Blurting Behaviors (Circle)
<p>Social Concerns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Avoids Social Contact with Peers <input type="checkbox"/> Avoids Social Contact with Adults <input type="checkbox"/> Poor Eye Contact <input type="checkbox"/> Isolated by Peers <input type="checkbox"/> Isolates Self from Peers <input type="checkbox"/> Fails to Comprehend Social Cues <input type="checkbox"/> Fails to Respect Personal Space <input type="checkbox"/> Social Skill Deficits <input type="checkbox"/> Resists Change <input type="checkbox"/> Immature Behavior <input type="checkbox"/> Refuses to Talk/Speak 	<p>Conduct /Atypical Concerns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Noncompliant <input type="checkbox"/> Physical Aggression <input type="checkbox"/> Verbal Aggression <input type="checkbox"/> Obscene Communication <input type="checkbox"/> Bullies/Threatens <input type="checkbox"/> Peer Conflicts <input type="checkbox"/> Repetitive/Stereotypical Movements <input type="checkbox"/> Oppositional <input type="checkbox"/> Physical Complaints <input type="checkbox"/> Suspected Tobacco Use <input type="checkbox"/> Suspected Drug Use <input type="checkbox"/> Problems with the Law <input type="checkbox"/> Breaks Rules <input type="checkbox"/> Sleeps in Class 	<p>Academic Performance Problems:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Following Directions/Fails to Listen <input type="checkbox"/> Low Tolerance for Frustration <input type="checkbox"/> Makes Careless Errors <input type="checkbox"/> Rushes through Assignments <input type="checkbox"/> Works Slowly <input type="checkbox"/> Fails to Participate in Class <input type="checkbox"/> Transition Time Issues <input type="checkbox"/> Problems with Unstructured Time <input type="checkbox"/> Problems with Structured Time <input type="checkbox"/> Forgets What Has Been Learned <input type="checkbox"/> Avoids Written Assignments <input type="checkbox"/> Underachieving/Not Working to Potential <input type="checkbox"/> Homework Completion <input type="checkbox"/> Fails to Turn in Work Completed <input type="checkbox"/> Written Communication 	<p>Emotional Concerns:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Withdrawn <input type="checkbox"/> Sad/Unhappy <input type="checkbox"/> Anxious/Nervous <input type="checkbox"/> Separation Anxiety <input type="checkbox"/> School Phobia <input type="checkbox"/> Perfectionism <input type="checkbox"/> Emotionally Labile <input type="checkbox"/> Fails to Take Pleasure out of Every Day Activities <input type="checkbox"/> Seems compelled to repeat certain behaviors <input type="checkbox"/> Makes Suicidal Threats <input type="checkbox"/> Vegetative Issues with Weight/Sleep/Eating (Circle all that apply)

Monongalia County Schools/Student Assistance Team Referral Checklist (Revised 6/23/2009)

Student's Name: _____ **Date of Birth:** _____ **School:** _____ **Teacher:** _____ **Date:** _____

<input type="checkbox"/> Nonverbal Communication <input type="checkbox"/> Other:	<input type="checkbox"/> Problems w. Authority Figures	<input type="checkbox"/> Oral Communication	<input type="checkbox"/> Unusual fears
---	---	---	--