

EACS STUDENT INTERVENTION REFERRAL

Student Name _____ Grade _____
Last First:

Teacher: _____ Date of Referral _____

Class _____ Period _____

Reason for Referral (check all that apply)

- | | | |
|--|---|---|
| <u>Academic</u>
<input type="checkbox"/> Reading Comp.
<input type="checkbox"/> Vocabulary
<input type="checkbox"/> Writing
<input type="checkbox"/> Computation
<input type="checkbox"/> Homework
<input type="checkbox"/> Test-taking
<input type="checkbox"/> Organization | <u>Motivational</u>
<input type="checkbox"/> Lack of Interest
<input type="checkbox"/> Sleeping in class
<input type="checkbox"/> Unprepared
<input type="checkbox"/> Not doing work
<input type="checkbox"/> No effort
<input type="checkbox"/> No class materials | <u>Behavioral</u>
<input type="checkbox"/> Attendance/Tardiness
<input type="checkbox"/> Disruptive Behavior
<input type="checkbox"/> Inappropriate Language
<input type="checkbox"/> Dishonesty/Cheating
<input type="checkbox"/> Disobedient/Uncooperative
<input type="checkbox"/> Threatening/Fighting
<input type="checkbox"/> Theft/Vandalism
<input type="checkbox"/> Illegal Substances
<input type="checkbox"/> Weapons
<input type="checkbox"/> Other Unlawful Activity |
|--|---|---|

Details relevant to referral:

<u>Previous Action by Teach</u> <input type="checkbox"/> Individual conference with student Date _____ <input type="checkbox"/> Mailed student information to parent Date _____ <input type="checkbox"/> Spoke to parent by phone (not message) Date _____ <input type="checkbox"/> Left message Date _____ <input type="checkbox"/> Conference with parent (not P/T conf) Date _____ <input type="checkbox"/> Detention (Assigned by instructor) Date _____ <input type="checkbox"/> Previous office referral Date _____ <input type="checkbox"/> Other _____ _____ _____	<u>Administrator Action</u> <input type="checkbox"/> Conference with student <input type="checkbox"/> Guidance Referral <input type="checkbox"/> Parent Phone Call <input type="checkbox"/> Suspended <input type="checkbox"/> Parent Letter <input type="checkbox"/> Anecdotal Record <input type="checkbox"/> Parent Conference <input type="checkbox"/> Other _____ _____ _____ _____
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Administration/Guidance Action: _____

Teacher Signature: _____ Date: _____
EACS Violation Code: _____ EACS Action Code: _____
Administrator/Counselor: _____ Date: _____
Parent Signature: _____ Date: _____