

Rtl Initial Referral

Teacher Name:

Date: _____

Current Grade Average: _____

Number of class absences: _____

Number of times late to class: _____

(Please check all that apply)

Classroom Performance

Attendance Problem _____

Tardiness Problem _____

Drop in grades, lower achievement _____

Decrease in class participation _____

Does not ask for help when needed _____

Has failed to complete _____% of his/her homework _____

Difficulty staying focused; easily distracted by others _____

Difficulty with immediate recall _____

Disorganized with school materials _____

Gives up easily when frustrated _____

Prefers to work alone _____

Fails to complete _____% of in-class assignments _____

Student Name:

Grade Level: _____

Social Skills

Lacks positive peer relationships _____

Disrespectful toward authority _____

Disturbs other students during classroom activities _____

Uses leadership skills inappropriately _____

Frequently argues with the teacher _____

Hits and/or pushes other students _____

Does not easily accept constructive criticism _____

Teases other students _____

Makes inappropriate remarks to classmates, adults _____

Lacks self-confidence _____

Frequently ridiculed by classmates

Appears unhappy/sad _____

Withdrawn, has difficulty in relating to others _____

Lacks control in unstructured situations _____

Change in friends _____

Disruptive behavior _____

Defiance of classroom rules _____

(over)

Student Name _____

Does not take responsibility for
inappropriate comments or actions _____

Cheating _____

Sudden outbursts of anger _____

Obscene language, gestures _____

Noisy, boisterous _____

Erratic behavior, mood swings _____

Physical Symptoms

Smells of smoke, alcohol, or marijuana _____

Dresses inappropriately based on school
policy _____

Slurred speech _____

Frequently requests to see the nurse _____

Appears sleepy, lethargic _____

Frequent physical injuries _____

Deteriorating personal appearance _____

Sleeps in class _____

Frequent complaints of nausea,
headaches _____

Glassy, bloodshot eyes _____

Poor hygiene _____

Additional Comments:

Initial Referral: Asset Checklist

Student Name _____

What do you see as this student's strengths? Please color in any circle you believe pertains to your student.

NOTE: This checklist is not intended as, nor is it appropriate to use as, a scientific or accurate measurement of developmental assets.

- Student understands and follows school rules and accepts consequences for inappropriate behavior.
- Student's friends model responsible behavior.
- Student spends three hours or more each week in lessons or practice in music, theatre, or other arts.
- Student spends three hours or more each week in school or community sports, clubs, or organizations.
- Student wants to do well in school.
- Student is actively engaged in learning.
- Student regularly completes homework assignments.
- Student cares about his/her school.
- Student reads for pleasure three or more hours each week.
- Student believes it is important to help other people.
- Student can stand up for what he/she believes.
- Student tells the truth even when it's not easy.
- Student can accept and take personal responsibility.

(over)

- Student is good at planning ahead and making decisions.
- Student is good at making and keeping friends.
- Student knows and is comfortable with people of different cultural/racial/ethnic backgrounds.
- Student can resist negative peer pressure and dangerous situations.
- Student tries to resolve conflict nonviolently.
- Student believes he/she has control over many things that happen to him/her.
- Student feels good about him/herself.
- Student believes his/her life has a purpose.
- Student is optimistic about his/her future.

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Initial Referral: Prior Interventions Checklist

Student Name _____

Please indicate what types of interventions you have tried prior to the referral and the results achieved. Check the appropriate intervention/s utilized.

- ___ 1. Spoke to student privately after class
- ___ 2. Gave student help after class or school.
- ___ 3. Changed student's seat.
- ___ 4. Spoke with parent on the telephone. Phone #: _____
- ___ 5. Gave student special work at his/her level.
- ___ 6. Checked cumulative folder.
- ___ 7. Held conference with parent in school.
- ___ 8. Sent home notices regarding behavior or school work.
- ___ 9. Arranged an independent study program for student.
- ___ 10. Have given student extra attention.
- ___ 11. Have set up a contingency management program with student.
- ___ 12. Have assigned student after school detention.
- ___ 13. Have referred student to guidance or administration.
- ___ 14. Have assigned student lunch detention.
- ___ 15. Other (Please explain) _____

- ___ 16. Other (Please explain) _____

- ___ 17. Other (Please explain) _____
