

CCSD Child Study Team Student Pre-Referral Form

~Confidential~

Student: _____

Grade: _____

Teacher: _____

Date: _____

***Were/was the parent/parents contacted? YES NO Date Contacted:** _____

***This student exhibits the following strengths:**

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| Honest | Respectful | Hard Worker | Shows Improvement |
| Responsible | Positive Attitude | Diligent | High Test Scores |

Directions: Use the following list to describe the student's school attendance, extra curricular activities, family/home life, physical appearance, as well as typical behaviors and appearance that have been noticed in the general education classroom. Please note any other important information and/or facts on the lines provided below. Thank you.

<p>School Attendance:</p> <ul style="list-style-type: none"> Absenteeism Chronic Tardies Skips/Cuts Classes <p>Extra Curricular Activities:</p> <ul style="list-style-type: none"> Decreased Involvement Dropped/Quit Loss of Eligibility <p>Family / Home Life:</p> <ul style="list-style-type: none"> Family Issues Family Emergency Homeless 	<p>Typical Behaviors & Appearance:</p> <ul style="list-style-type: none"> Incomplete Work Low Daily Work Low Home Work Low Reading Skills Low Writing Skills Low Math Skills Assessment Failures Lack of Make Up Work Defensive Extremely Negative Withdrawn Sleeps in Class Crying in Class Emotional Highs/Lows Disoriented Flushed Seeks Excessive Attention Makes Inappropriate Responses Nervous Overly Anxious Hyperactive Talks/Writes about Self Harm 	<p>Physical Appearance:</p> <ul style="list-style-type: none"> Tired/Lethargic Personal Hygiene Problems Noticeable Weight Changes Physical Injuries Physical Complaints Staggering/Stumbling Bloodshot Eyes <hr/> <p>Additional Comments:</p>
---	--	---

***Please note any other important information or facts below:**