



**GERVAIS HIGH SCHOOL
CARE TEAM
INFORMATION & PROCEDURES
BOOKLET**

CARE TEAM NORMS

Every member of the team agrees to adhere to the following:

1. Commitment to sharing all information they may have with the team – no confidentiality.
2. Be honest and transparent in meetings.
3. Treat others with dignity, respect, and understanding.
4. Speak only in turn, be open-minded, and an active listener.
5. Understand it's okay to not have the right answer – share all ideas.
6. Fulfill duties assigned prior to next meeting.
7. Keep in mind the team's purpose is to help students first and foremost – do what's best for kids.

CARE TEAM CONFIDENTIALITY AGREEMENT

I agree to the above norms. I agree to share any and all information with the CARE TEAM I may have and not withhold information. I agree to understand that withholding information may be detrimental to the desired positive outcome for the student. I agree to fully communicate as best I can and fulfill my duties as a part of this team.

SIGNATURE _____ DATE _____

CARE TEAM PURPOSE

Gervais High School is committed to promoting the best possible educational experience for all students. Gervais High School staff are expected to work diligently to facilitate this process of creating a positive and healthy high school experience for students. There are a number of factors that can get in the way of student success – both academic and personal. Therefore, it is the mission and goal of the Gervais High School CARE Team to address concerns staff may bring forward regarding students. The following framework will be used to establish positive growth in students who are referred to Care Team.

CARE TEAM PROCESS

1. Phase 1 – Pre-Referral Data
 - a. Teacher completes CARE TEAM form and submits to school counselor.
2. Phase 2 – Pre CARE TEAM Review
 - a. CUM File Review (completed by counselor)
3. Phase 3 – CARE TEAM Intervention Plan
 - a. CARE TEAM brainstorms 3+ interventions
 - b. CARE TEAM personnel are assigned tasks
4. Phase 4 – Review (one month later)
 - a. CARE TEAM reviews intervention success
 - i. Possible referral to Behavior Support Team, SPED, etc.

CARE TEAM REFERRAL



CUM FILE REVIEW



CARE TEAM MEETS



INTERVENTION APPLIED



CARE TEAM REVIEWS SUCCESSES



NEXT STEP?

Phase I: Pre-Referral Data

To Be Completed by Teacher (seek assistance from office, SpEd, ELD, staff, etc. as needed)

Student Name:	DOB:	Grade:	Teacher:
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Description of Student (gender, race, personality, peer groups, personal appearance, behaviors, etc.)
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Strategies and Accommodations Used To-Date (not all are necessary for a packet submission; right click to check all that apply):

<input type="checkbox"/> Adjusted time for assignment completion	<input type="checkbox"/> Read directions/assignments aloud
<input type="checkbox"/> Allowed frequent breaks	<input type="checkbox"/> Block off/mask sections of work
<input type="checkbox"/> Modified assignments (length, rigor, etc.)	<input type="checkbox"/> Use highlighted texts
<input type="checkbox"/> Preferential seating	<input type="checkbox"/> Before/after school tutoring
<input type="checkbox"/> Written plan to define academic/behavioral expectations	<input type="checkbox"/> Utilize manipulatives
<input type="checkbox"/> Cooling off place/time	<input type="checkbox"/> Emphasize critical information/concepts
<input type="checkbox"/> Have student repeat directions	<input type="checkbox"/> Pre-teach vocabulary
<input type="checkbox"/> Provide a copy of class notes	<input type="checkbox"/> Use advanced organizer/study guide
<input type="checkbox"/> Change in grading expectations	<input type="checkbox"/> Give directions in small portions
<input type="checkbox"/> Notes to parent/guardian	
<input type="checkbox"/> Meeting with parents	
<input type="checkbox"/> Repeated review/drill	

Classroom Performance: (right click to) Check if there are no concerns with classroom performance

<input type="checkbox"/> Difficulty handling transitions	<input type="checkbox"/> Poor short-term memory
<input type="checkbox"/> Failing/Declining grades	<input type="checkbox"/> Responds to positive feedback
<input type="checkbox"/> Decrease in class participation	<input type="checkbox"/> Difficulty doing things in logical order
<input type="checkbox"/> Difficulty persisting in challenging task	<input type="checkbox"/> Failure to complete work
<input type="checkbox"/> Difficulty understanding what is being said	<input type="checkbox"/> Doesn't ask for help
<input type="checkbox"/> Works independently	<input type="checkbox"/> Short attention span/distracted
<input type="checkbox"/> Works cooperatively	<input type="checkbox"/> Other:

Behavior Concerns: (right click to) Check if there are no behavior concerns

• Accepts responsibility for behavior	• Harasses or bullies others
• Hits/pushes/fights	• Victim/target of harassment/bullying
• Difficulty considering consequences	• Difficulty understanding impact of behavior
• Difficulty considering solutions to problems	• Teases others
• Difficulty managing emotions	• Angered by criticism
• Irritability or anxiety inhibits problem solving	• Cheats/lies
• Concrete black/white thinking	• Sudden outbursts of anger
• Difficulty deviating from routines	• Highly active/noisy

Physical Concerns: (right click to) Check if there are no physical concerns

<input type="checkbox"/> Odor (smoke, alcohol, urine, stool)	<input type="checkbox"/> Numerous physical complaints
<input type="checkbox"/> Often sleepy/lethargic	<input type="checkbox"/> Frequent trip to the bathroom
<input type="checkbox"/> Frequent injuries/nurse visits	<input type="checkbox"/> Poor personal hygiene

Social Skills/Concerns: (right click to) Check if there are no social skills concerns

<input type="checkbox"/> Able to make friends	<input type="checkbox"/> Disturbs other students
<input type="checkbox"/> Lack of peer relationships	<input type="checkbox"/> Argues or is often negative
<input type="checkbox"/> Disrespectful to authority	<input type="checkbox"/> Has to be the center of attention
<input type="checkbox"/> Appears unhappy/sad/lonely	<input type="checkbox"/> Sexual behavior
<input type="checkbox"/> Uses inappropriate language	<input type="checkbox"/> Lacks understanding of social cues

Other Behavior Concerns (avoid subjective comments; be specific with objective, observable, descriptive language):

When did you make contact with parents/guardian?

Date of contact: _____ Name/relationship of person contacted: _____

Type of contact: _____

Notes:

Date of contact: _____ Name/relationship of person contacted: _____

Type of contact: _____

Notes:

Date Submitted to Counselor:

CARE TEAM meets every other MONDAY at NOON

Teacher submitting CARE Team Referral Form: Teacher is required to attend the scheduled meeting and be prepared to describe the student and concerns. After your brief presentation and summary of findings, clarifying questions may be asked by the team members.

CARE Team: Please allow the teacher to make entire presentation before asking questions. Once presentation has been made, ask clarifying questions as necessary and then brainstorm interventions and who is responsible for what tasks including the timeframe for revisiting plan and progress made. .

Phase II: CUM File Review

To Be Completed by Counselor

Date/Time:

Has the student ever been referred to CARE Team before? YES NO

Has the student ever attended a school outside Gervais School District? YES NO

**If Yes.....Year –
 School –**

Current/Past Related Services (right click to check all that apply):

<input type="checkbox"/> Special Education: • What for?	<input type="checkbox"/> Counseling
<input type="checkbox"/> Speech and Language: • What for?	<input type="checkbox"/> 504: • What for?
	<input type="checkbox"/> Other:

Attendance (request data from the office):

Year				
Days Absent				
Days Tardy				

Additional Attendance Information:

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Discipline

Notes:

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Phase III: CARE Team Intervention Plan

Intervention Planning Sheet (more than three intervention strategies may be necessary)

Intervention Strategy #1

Start Date:	End Date:
Person in charge...	
Frequency...	
Description of Intervention.	
Notes:	
Results:	

Intervention Strategy #2

Start Date:	End Date:
Person in charge...	
Frequency...	
Description of Intervention.	
Notes:	
Results:	

Intervention Strategy #3

Start Date:	End Date:
Person in charge...	
Frequency...	
Description of Intervention.	
Notes:	
Results:	

Phase IV: Special Education Consideration Referral Form

After extensive intervention attempts are implemented and documented throughout the course of the year, if student is still failing to make progress, the building principal or designee will send Phases I, II, and III documentation to the Director of Special Services requesting consideration for Special Education. The principal or designee is responsible for filling out the Phase IV referral form.

Name of Student

Date of Initial Referral

Principal's Signature

Submission Date

Referral Outcome

- Referral accepted for consideration. Next steps will be (please include timeline):

- Referral rejected for consideration. Explanation:

Director of Special Education's Signature

Date

OTHER OPTIONS:

BST Referral _____

YST Referral _____

Other _____