



GERVAIS HIGH SCHOOL  
CARE TEAM  
APPLICATION

**Staff Member Name:**

**Date:**

# **CARE TEAM meets every other MONDAY at NOON**

## ***Teacher submitting CARE Team Referral Form:***

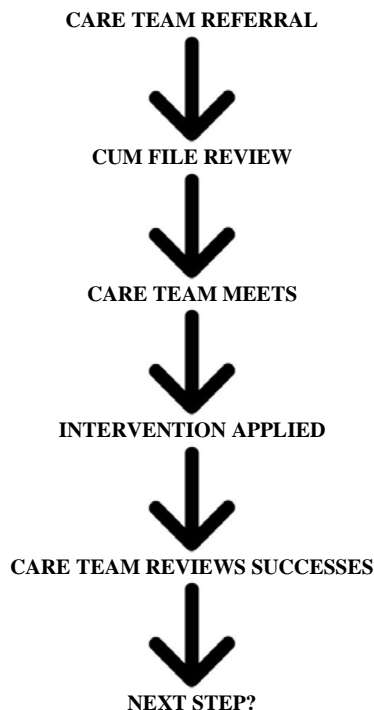
- *Teacher is required to attend the scheduled meeting and be prepared to describe the student and concerns. After your brief presentation and summary of findings, clarifying questions may be asked by the team members.*
- *Please make sure you contact parents and inform them of your referring student to Care Team.*

## **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.

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## **CARE TEAM PROCESS**



**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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<b>Description of Student (gender, race, personality, peer groups, personal appearance, behaviors, etc.)</b>
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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:**

<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:**

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

**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"/> Frequents trip to the bathroom
<input type="checkbox"/> Frequent injuries/nurse visits	<input type="checkbox"/> Poor personal hygiene

**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:

**Phase II: CUM File Review**

To Be Completed by Care Team Administrator

**Date:**

**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**

<b>Year</b>						
<b>School</b>						
<b>District</b>						

**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:

**Medications?:**

**Attendance (request data from the office):**

<b>Year</b>				
<b>Days Absent</b>				
<b>Days Tardy</b>				

**Additional Attendance Information:**

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**Discipline**

**Notes:**

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**Other CUM File Information**

**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/Behavior Support Team/Youth Services Team  
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 Special Education Teacher or Counselor requesting consideration of further intervention.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

SPED Referral \_\_\_\_\_

BST Referral \_\_\_\_\_

YST Referral \_\_\_\_\_

Other \_\_\_\_\_ - \_\_\_\_\_