

Gervais High School
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Co-Principal: Kim Kellison
 Co-Principal: Mike Solem
 Oregon's 1st School District!

Care Team Referral Form

Student Name _____ Grade _____

To be filled out by teacher making referral:

Teacher Name _____ Class _____

Current Grade _____ Number of missing assignments _____

Please describe your concern regarding this student:

Please describe one strength or positive experience regarding this student:

Please check all that apply:

<input type="checkbox"/> Functions best when time and Activities are highly structured <input type="checkbox"/> Overactive in most situations <input type="checkbox"/> Disorganized <input type="checkbox"/> Short attention span <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Impulsive <input type="checkbox"/> Difficulty with peers <input type="checkbox"/> Disruptive/Distracts others <input type="checkbox"/> Defiant	<input type="checkbox"/> Falls behind in class work <input type="checkbox"/> Performs work carelessly <input type="checkbox"/> Does not participate in class <input type="checkbox"/> Slow to finish work <input type="checkbox"/> Academic failure, fails test or quizzes <input type="checkbox"/> Needs instructions repeated <input type="checkbox"/> Attendance issues <input type="checkbox"/> Is usually dependent on the teacher <input type="checkbox"/> Has trouble keeping place or following in written materials	<input type="checkbox"/> Possible ESL Issues <input type="checkbox"/> Possible IEP issues <input type="checkbox"/> Possible depression <input type="checkbox"/> Suspected substance abuse <input type="checkbox"/> Vision/hearing issues (circle one) <input type="checkbox"/> Possibly homeless
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Other _____

Interventions tried:

- Preferential seating
- Extended time
- Emailed/phoned parent (circle which applies)
- Shortened assignments
- Individualized instruction(after school assistance)
- Nonverbal cues to redirect behaviors on assignments
- Counselor
- Other _____