

BRAVO MEDICAL MAGNET HIGH SCHOOL UNIVERSAL INTERVENTION REFERRAL FORM 2016-2017

Student: _____ Birthdate: _____ Grade: _____ Date of Referral: _____

Referred by: _____ IEP Student? : Y ___ N ___ LEP Student: Y ___ N ___

Referred to: Academic Counselor ___ Dean ___ School Psychologist ___ Psychiatric Social Worker ___ PSA ___

MARK ALL SYMPTOMS/ATTRIBUTES THAT APPLY TO THE STUDENT IN THE CHART BELOW SO THAT WE MAY REVIEW & REFER APPROPRIATELY:

PLEASE BE SPECIFIC:

ATTENDANCE	Behavior	Health/Physical	ACADEMICS	Home Concerns/legal issues
<input type="checkbox"/> Tardy to class more than 2 days per week <input type="checkbox"/> Absent to class 1 or more days per week <input type="checkbox"/> Frequently summonsed out of class <input type="checkbox"/> Several unresolved absences <input type="checkbox"/> No Show to class <input type="checkbox"/> Other	<input type="checkbox"/> Defiant/Oppositional <input type="checkbox"/> Withdrawn/isolated <input type="checkbox"/> Appears depressed <input type="checkbox"/> Change in peer group <input type="checkbox"/> Physical/Verbal aggression <input type="checkbox"/> Poor impulse control <input type="checkbox"/> Anxious/worried <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Inattentive <input type="checkbox"/> Suicidal/ Self-injuring <input type="checkbox"/> Homicidal <input type="checkbox"/> Other	<input type="checkbox"/> Poor vision <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Often tired <input type="checkbox"/> Poor Coordination <input type="checkbox"/> Speech difficulties <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Pregnant / Parenting <input type="checkbox"/> Other	<input type="checkbox"/> Low grades/Achievement <input type="checkbox"/> Lack of Motivation <input type="checkbox"/> Recent drop in grades <input type="checkbox"/> Missing credits <input type="checkbox"/> Incomplete assignments <input type="checkbox"/> Other	<input type="checkbox"/> Family issues <input type="checkbox"/> Suspicion of Abuse <input type="checkbox"/> Student is a runaway/homeless <input type="checkbox"/> On Probation <input type="checkbox"/> Citations issued <input type="checkbox"/> Other

******NOTE: PLEASE ATTEMPT A MINIMUM OF 3 INTERVENTIONS PRIOR TO REFERRING AND DATE OF INTERVENTION******

Teacher Interventions Taken- please indicate the date of the intervention [REQUIRED]:

<input type="checkbox"/> Student Conference <input type="checkbox"/> Parent Conference <input type="checkbox"/> spoke with parent via telephone <input type="checkbox"/> emailed/mailed notice home <input type="checkbox"/> Reviewed cum record <input type="checkbox"/> Inquired with student <input type="checkbox"/> Inquired with other staff	<input type="checkbox"/> Changed Seats <input type="checkbox"/> Reduced distraction <input type="checkbox"/> Repetition of instruction <input type="checkbox"/> Use of multi-modal approach <input type="checkbox"/> Provided student with Missing Assignments/Work <input type="checkbox"/> Extended time to complete assignment <input type="checkbox"/> list assignment/instruction on board	<input type="checkbox"/> Break task into smaller steps <input type="checkbox"/> Shortened assignment <input type="checkbox"/> Changed Group <input type="checkbox"/> Visual Aid <input type="checkbox"/> Used individualized instruction <input type="checkbox"/> Praised positive behavior <input type="checkbox"/> Allow student to take test orally <input type="checkbox"/> Teach towards student's learning style: <input type="checkbox"/> visual <input type="checkbox"/> auditory <input type="checkbox"/> tactile <input type="checkbox"/> multi-sensory	<input type="checkbox"/> Referred to after school tutoring <input type="checkbox"/> Use high interest/hands on activity <input type="checkbox"/> use more concrete material <input type="checkbox"/> Lunch/After School Detention <input type="checkbox"/> Restorative Justice <input type="checkbox"/> Assigned a "Study Buddy" <input type="checkbox"/> Recommended use of daily/weekly progress form <input type="checkbox"/> Other
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Additional Information that will help us assess this student's needs: _____

***THANK YOU FOR REFERRING THIS STUDENT. (Please contact referred student's academic counselor for further questions)**

(FOR OFFICE USE ONLY)

REFERRAL FEEDBACK FORM

Student: _____ Birthdate: _____ Grade: _____ Date of Referral: _____
Referred by: _____ IEP Student? : Y ___ N ___ LEP Student: Y ___ N ___
Parent/Guardian: _____ Phone: _____

The student referred was discussed by the Coordination of Services Team (COST) on _____.

The following was determined and Student was referred to:

<input type="checkbox"/> Nurse	<input type="checkbox"/> Off campus tutoring
<input type="checkbox"/> Student Success Team-SST (Academic Counselors)	<input type="checkbox"/> Alternative Ed. Placement
<input type="checkbox"/> Psychiatric Social Worker/Therapist	<input type="checkbox"/> LAUSD Homeless Unit
<input type="checkbox"/> Peer Mediation	<input type="checkbox"/> LAUSD Foster Care Unit
<input type="checkbox"/> Pupil Services & Attendance Counselor	<input type="checkbox"/> Referred to Mental Health Agency
<input type="checkbox"/> School Psychologist	<input type="checkbox"/> Probation / Law agency
<input type="checkbox"/> Support Group	<input type="checkbox"/> Basic Needs [food, shelter, transportation]
<input type="checkbox"/> College Peer Counselors	<input type="checkbox"/> Medi-Cal
<input type="checkbox"/> Academic Counseling (Academic Counselors)	<input type="checkbox"/> Healthy Families
<input type="checkbox"/> Tutoring/Mentoring Program	<input type="checkbox"/> Private Insurance
	<input type="checkbox"/> Other _____

Additional Comments:

FOLLOW-UP DATE: _____

