

I-Team Referral Form

Staff, please use this form to refer a student to the I-team
or include the following information in an email to the Counseling Department

Student's Name: _____ Grade: _____ Date: _____

Teacher name: _____ Course: _____

Health concerns:

_____ vision _____ hearing _____ physical impairment _____ other : _____

Major area/s of concern (check all that apply)

_____ organization _____ attendance _____ tardies _____ test scores
_____ homework _____ classwork _____ behaviors _____ other (please describe below)

Desired outcomes (check all that apply)

_____ turn work in on time _____ better attendance _____ no tardies _____ be prepared for tests
_____ attentive in class _____ make up work _____ other (please describe below)

Interventions you have tried and the results:

_____ before/after class help/tutoring	Date: _____	Result: _____
_____ contacted parents	Date: _____	Result: _____
_____ change seat	Date: _____	Result: _____
_____ student conference	Date: _____	Result: _____
_____ contacted Advisory teacher	Date: _____	Result: _____
_____ interaction/office	Date: _____	Result: _____
_____ differentiated instruction	Date: _____	Result: _____
_____ other (describe below)	Date: _____	Result: _____

Additional information:

