**Ashe County Middle School Student Assistance Team Referral Form**

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| Student Name: | DOB: | Age: |  Meeting Date:  |

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| Team: | Grade: | Retention? What grade(s)? |

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| Grade 5:Reading\_\_\_\_\_\_Math\_\_\_\_\_\_\_\_Language\_\_\_\_\_\_Attendance:EOG: | Grade 6:Reading\_\_\_\_\_\_Math\_\_\_\_\_\_\_\_Language\_\_\_\_\_\_Attendance:EOG: | Grade 7:Reading\_\_\_\_\_\_Math\_\_\_\_\_\_\_\_Language\_\_\_\_\_\_Attendance:EOG: | Grade 8:Reading\_\_\_\_\_\_Math\_\_\_\_\_\_\_\_Language\_\_\_\_\_\_Attendance: |

**Areas of Concern (attach PEP if available)**

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| Language Arts\_\_\_Word Identification\_\_\_Reading Comprehension\_\_\_Reading Fluency\_\_\_Written Expression\_\_\_Writing Mechanics\_\_\_Writing Conventions\_\_\_Other | Mathematics­­\_\_\_ Basic Math Facts\_\_\_Computation\_\_\_Problem-Solving\_\_\_Word Problems\_\_\_Geometry\_\_\_Measurement\_\_\_Probability/Data\_\_\_Analysis\_\_\_Other | Behavior\_\_\_Noncompliance\_\_\_Motivation\_\_\_Attention Span\_\_\_Peer Relationships\_\_\_Overactive\_\_\_Verbally Aggressive\_\_\_Physically Aggressive\_\_\_Does not complete work\_\_\_Disorganized work habits\_\_\_Other | Other\_\_\_Speech/Language\_\_\_Social Skills\_\_\_Moody/Withdrawn\_\_\_Anxiety\_\_\_Depression\_\_\_Motor Skills\_\_\_Vision\_\_\_Hearing\_\_\_Other |

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| --- | --- | --- | --- |
| **Current Levels** | Reading: | Math: | Writing: |
| **Services Received** | \_\_\_Small Group\_\_\_Tutoring\_\_\_504 Accommodations Specify: | \_\_\_Individual Instruction\_\_\_Community Services\_\_\_Counseling | \_\_\_ESL/LEP/ELL\_\_\_Other |

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| **Additional Comments/Information/Teacher Observations:** |