**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work  \_\_\_Disorganized work habits  \_\_\_Other | Other  \_\_\_Speech/Language  \_\_\_Social Skills  \_\_\_Moody/Withdrawn  \_\_\_Anxiety  \_\_\_Depression  \_\_\_Motor Skills  \_\_\_Vision  \_\_\_Hearing  \_\_\_Other |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:** |