

INTERVENTION AND REFERRAL SERVICES

SAMPLE
PRIMARY TEACHER INFORMATION COLLECTION FORM

Confidential

Student Name: _____ Date: _____
 Date of Birth: _____ Teacher Name: _____
 Grade Level: _____ Reason for Request for Assistance: _____
 Days Absent to Date: _____

Directions: Please provide the information requested in the appropriate spaces below.
 Please also attach a copy of the student's current report card.

	<i>Current Academic Performance Levels/Grades</i>	<i>Student Strengths</i>	<i>Student Areas for Improvement</i>
Reading/Language Arts			
Math			
Language Arts			
Social Studies			
Science			
Expressive Arts			
Other: _____ _____	_____ _____	_____ _____	_____ _____

Directions: Please place a check before each *behavior or action* listed below that you have *observed*. Remember, only behaviors or actions you have *observed* should be noted.

Classroom Performance

- | | |
|---|--|
| <input type="checkbox"/> Failure in one or more subject areas (identify) _____
<input type="checkbox"/> Drop in grades, lower achievement
<input type="checkbox"/> Needs directions given individually
<input type="checkbox"/> Does not ask for help when needed
<input type="checkbox"/> Prefers to work alone
<input type="checkbox"/> Does not complete homework
<input type="checkbox"/> Does not complete in-class assignments
<input type="checkbox"/> Homework is disorganized or incomplete
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Short attention span, easily distracted
<input type="checkbox"/> Poor short-term memory, e.g., can't remember one day to the next
<input type="checkbox"/> Finds it hard to study
<input type="checkbox"/> Gives up easily
<input type="checkbox"/> Lacks desire to do well in school
<input type="checkbox"/> Has demonstrated ability, but does not apply self |
|---|--|

Social Skills

- | | |
|---|--|
| <input type="checkbox"/> Tends to stay to self, withdrawn | <input type="checkbox"/> Disrespects or defies authority |
| <input type="checkbox"/> Lack of peer relationships | <input type="checkbox"/> Regularly seeks to be center of attention |
| <input type="checkbox"/> Appears lonely | <input type="checkbox"/> Frequent ridicule from classmates |
| <input type="checkbox"/> Slow in making friends | <input type="checkbox"/> Appears unhappy/sad |
| <input type="checkbox"/> Disturbs other students | <input type="checkbox"/> Lacks control in unstructured situations |
| <input type="checkbox"/> Negative leader | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Unyielding or stubborn on positions | <input type="checkbox"/> Sexual behavior in public |
| <input type="checkbox"/> Argues with teacher | <input type="checkbox"/> Difficulty in relating to others |
| <input type="checkbox"/> Hits and/or pushes other students | <input type="checkbox"/> Talks freely about drugs/alcohol |
| <input type="checkbox"/> Threatens other students | <input type="checkbox"/> Other social <i>behavior</i> of concern: |
| <input type="checkbox"/> Teases other students | _____ |
| <input type="checkbox"/> Angered by constructive criticism | _____ |
| <input type="checkbox"/> Demonstrates lack of self-confidence | _____ |

Disruptive Behavior

- | | |
|--|---|
| <input type="checkbox"/> Defiance, violation of rules | <input type="checkbox"/> Obscene language, gestures |
| <input type="checkbox"/> Blaming, denying, not accepting responsibility | <input type="checkbox"/> Noisy, boisterous at inappropriate times |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Crying for no apparent reason |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Highly active, agitated |
| <input type="checkbox"/> Sudden outbursts of anger, verbally abusive to others | <input type="checkbox"/> Erratic behavior |
| <input type="checkbox"/> Lack of impulse control | <input type="checkbox"/> Mood swings |
| | <input type="checkbox"/> General changes in behavior patterns |

If you have checked any item under the Social Skills or Disruptive Behavior sections, please attach another piece of paper and provide a detailed explanation.

Physical Symptoms

- | | |
|---|--|
| <input type="checkbox"/> Underweight | <input type="checkbox"/> Frequent physical injuries |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Deteriorating hygiene |
| <input type="checkbox"/> Smells of tobacco, alcohol marijuana | <input type="checkbox"/> Dramatic change in style of clothes |
| <input type="checkbox"/> Wears clothes that challenge the dress code or are inappropriate | <input type="checkbox"/> Sleeping in class |
| <input type="checkbox"/> Appears tense, on edge | <input type="checkbox"/> Glassy, bloodshot eyes |
| <input type="checkbox"/> Slurred or impaired speech | <input type="checkbox"/> Frequent requests to see nurse |
| <input type="checkbox"/> Appears sleepy, lethargic | <input type="checkbox"/> Unsteady on feet |
| <input type="checkbox"/> Impaired vision | <input type="checkbox"/> Problems with muscle or hand-eye coordination |
| <input type="checkbox"/> Impaired hearing | |

Background Information (If known, please do not ask child or family.)

- | | |
|---|--|
| <input type="checkbox"/> Attendance problems | <input type="checkbox"/> Lives with someone other than parent |
| <input type="checkbox"/> Latchkey child | <input type="checkbox"/> Known medical problem |
| <input type="checkbox"/> Involvement with community agencies | <input type="checkbox"/> Takes medication |
| <input type="checkbox"/> Death in the immediate family | <input type="checkbox"/> Previously involved with counseling |
| <input type="checkbox"/> Chronic illness in immediate family | <input type="checkbox"/> Currently involved with counseling |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> Previously identified for assistance |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Discusses concerns regarding drug/alcohol use in the home |
| <input type="checkbox"/> Single parent household | <input type="checkbox"/> Family member incarcerated or adjudicated |
| <input type="checkbox"/> Previously identified for drug/alcohol use | |
| <input type="checkbox"/> Adjudicated for a juvenile offense | |

Related Services or Programs

a) School-based:

- Title I
 - Reading Specialist
 - Speech and Language Correctionist
 - Gifted and Talented Program
 - Substance Awareness Coordinator
 - Guidance Counselor
 - School Social Worker
 - Child Study Team
 - Other Specialists or Services
- _____
- _____

b) Community-based:

- List, if known
- _____
- _____
- _____
- _____

Positive Qualities

List 1-3 (or more) skills or other positive characteristics and strengths, both personal (e.g., talents, traits, interests, hobbies) and environmental supports (e.g., friends, family members, faith community) that you have observed or that apply for this student:

Skills _____

Positive Characteristics and Strengths _____

Environmental Supports _____
