



## Early Student Intervention

Please use this form to inform our Counselor of potential *academic or formation problems* that a student in your class or formation group may be facing. Early detection of student problems helps us to assist students in addressing concerns in time to make a difference.

Name of Student: \_\_\_\_\_

Nature of Problem:

- |   |  |
|---|--|
| <input type="checkbox"/> Frequently late                  | <input type="checkbox"/> Declining quality of work           |
| <input type="checkbox"/> Lack of attention                | <input type="checkbox"/> Declining quantity of work          |
| <input type="checkbox"/> Poor attitude towards others     | <input type="checkbox"/> Declining test score or performance |
| <input type="checkbox"/> Poor note-taking skills          | <input type="checkbox"/> Disrupting behavior                 |
| <input type="checkbox"/> Poor time management skills      | <input type="checkbox"/> Sleeps in class/mass/meetings       |
| <input type="checkbox"/> Poor attitude towards tasks      | <input type="checkbox"/> Mood swings                         |
| <input type="checkbox"/> Possible hearing/vision problems | <input type="checkbox"/> Possible learning disabilities      |
| <input type="checkbox"/> Disrespectful                    | <input type="checkbox"/> Other issues                        |

Please include some explanation or additional comments:

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Has the student been made aware of this referral?     Yes     No

Your signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please give this form to the counselor, who will make a determination about how best to proceed.