

**STUDENT SUPPORT TEAM (SST) REFERRAL
Student (Self) Form**

Student Name	Grade	ID #	Date
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Contact Information

Parent/Guardian Name	Do your parents know about your concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Teacher(s)
Parent Phone Numbers	Language Spoken at Home	

My Concerns *(In your own words describe what help you need.)*

Have you talked with your teacher or counselor about this concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who?	What was the outcome?

Where do you need the help? *(Check all that apply)*

<input type="checkbox"/> Classroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> School grounds	<input type="checkbox"/> Cafeteria
<input type="checkbox"/> Gym	<input type="checkbox"/> Bus	<input type="checkbox"/> Home	
<input type="checkbox"/> Other (describe)			

What has been done so far to help you? *(Put a check next to things that helped.)*

<input type="checkbox"/> 1)
<input type="checkbox"/> 2)
<input type="checkbox"/> 3)
<input type="checkbox"/> 4)
<input type="checkbox"/> 5)

My Strengths

<input type="checkbox"/> I have a positive attitude	<input type="checkbox"/> I finish my work	<input type="checkbox"/> I deal with conflict well
<input type="checkbox"/> I am a hard worker	<input type="checkbox"/> I am organized	<input type="checkbox"/> I am good at sports
<input type="checkbox"/> I am trustworthy	<input type="checkbox"/> I have a good sense of humor	<input type="checkbox"/> I am attractive
<input type="checkbox"/> I work well in groups	<input type="checkbox"/> I cooperate with others	<input type="checkbox"/> I am good at music
<input type="checkbox"/> I work well by myself	<input type="checkbox"/> I am responsible	<input type="checkbox"/> I am good at art
<input type="checkbox"/> I am respectful	<input type="checkbox"/> I am creative	<input type="checkbox"/> Other:
<input type="checkbox"/> I am motivated to do a good job.	<input type="checkbox"/> I am a good leader	

I have difficulty: (Check all that apply)

<input type="checkbox"/> Getting good grades	<input type="checkbox"/> Writing assignments	<input type="checkbox"/> Working by myself
<input type="checkbox"/> Being organized	<input type="checkbox"/> Reading	<input type="checkbox"/> Remembering things
<input type="checkbox"/> Finishing my work	<input type="checkbox"/> Doing math	<input type="checkbox"/> Working with others
<input type="checkbox"/> Following directions	<input type="checkbox"/> Studying for tests	<input type="checkbox"/> Keeping motivated
<input type="checkbox"/> Other:		

I need help to stop doing: (Check all that apply)

<input type="checkbox"/> Physically hurting others	<input type="checkbox"/> Being late to school	<input type="checkbox"/> Destroying property
<input type="checkbox"/> Bullying others	<input type="checkbox"/> Skipping school	<input type="checkbox"/> Annoying people
<input type="checkbox"/> Getting mad	<input type="checkbox"/> Being distracted	<input type="checkbox"/> Giving up easily
<input type="checkbox"/> Saying mean things (e.g. makes threats, insults)	<input type="checkbox"/> Stealing/cheating/lying	<input type="checkbox"/> Other:

Other Comments/Concerns

Attach any additional information you think might be helpful in understanding your needs.

For SST Team:

Request More Information from _____ Other:

Request Data/Stakeholder Input

Schedule SST Meeting for: _____