**TEACHER NOMINATION FOR ASSISTANCE**

Student Name Age Grade

Teacher Completing Date

Current Support:  *IEP* ☐ Yes ☐ No *504* ☐ Yes ☐ No *Title 1 or Tier 2 academic group* ☐ Yes ☐ No

**ACADEMIC INFORMATION**

|  |  |
| --- | --- |
| Overall G.P.A. Reading Grade  Written Language Grade  Math Grade \_\_\_\_\_  Attendance \_\_\_\_\_\_\_\_\_\_\_\_ | Do you believe that academic skills, including task completion, are impacting the problem behavior?  ☐ Yes  ☐ No  ☐ Unsure |

**DESCRIBE THE PROBLEM BEHAVIOR?**

|  |  |
| --- | --- |
| **Internalizing Behaviors:**  ☐ Exhibits sadness or depression  ☐ Sleeps a lot  ☐ Is teased or bullied by peers  ☐ Does not participate in games  ☐ Very shy or timid  ☐ Acts fearful  ☐ Does not stand up for self  ☐ Self-injury (cutting, head banging)  ☐ Withdrawn  ☐ Anxious  ☐ Other | **Externalizing Behaviors:**  ☐ Out of seat/assigned area  ☐ Inappropriate language  ☐ Inappropriate contact with others  ☐ Fighting/physical aggression  ☐ Talking out of turn  ☐ Verbal defiance  ☐ Refusal to follow instructions  ☐ Technology violation  ☐ Tardy  ☐ Other |

**STRATEGIES TRIED TO ADDRESS PROBLEM BEHAVIOR AND RESULTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Successful | Somewhat Successful | Not Successful |
| ☐ Tangible recognition for expected behavior |  |  |  |
| ☐ 4:1 positive verbal feedback |  |  |  |
| ☐ Retaught expected behavior |  |  |  |
| ☐ Multiple opportunities to practice behavior |  |  |  |
| ☐ Self-monitoring |  |  |  |
| ☐ Modified assignments |  |  |  |
| ☐ Change of schedule for activities |  |  |  |
| ☐ Extra assistance / access to help |  |  |  |
| ☐ Increased choices |  |  |  |
| ☐ Parent/Guardian contact |  |  |  |
| ☐ Other (Specify): |  |  |  |

**TEACHER REQUEST FOR ASSISTANCE**

**Date:** **Teacher/Team:**

**Student’s Name:** **Grade:**  **IEP:** Yes No **504:** Yes No

**Identify the student’s strengths.** Some possible strengths include academic interests, social skills, hobbies, sports, interests outside of school, etc.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­

**Identify problem behaviors:** (please check areas of concern)

* Disrupts class activities
* Verbally harasses others
* Noncompliant
* Difficulty completing work
* Withdrawn
* Tardy
* Inattentive
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identify academic concerns:** (please check areas of concern)

* Math
* Reading
* Writing
* Study Skills/Organization
* Concerns across all academic areas

**Why might this student be engaging in problem behavior?** (please check PRIMARY function)

* Gain access to adult Attention
* Gain access to peer Attention
* Gain access to preferred activity/item
* Escape from difficult work/tasks
* Escape from less preferred activities/social demands
* Escape from attention (peer or adult)
* Escape from internal discomfort (e.g., anxiety, pain, sensory)

**What data support the above concerns?** (please check sources of data)

**Teacher Gathers:**

* Academic performance data
* Behavioral data and strategies tried

**Office Gathers:**

* SWIS/ODR data
* Attendance data
* Nurse or guidance visits

**Secondary Request for Assistance**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GLT \_\_\_\_\_\_\_\_\_\_\_\_ Counselor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Student strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does the student receive supports through an… ? **IEP:** Yes No **504:** Yes No

3. How many days has the student been suspended this year? \_\_\_\_\_\_\_

4. How many discipline referrals has the student received? \_\_\_\_this year, \_\_\_\_ last month

5. Please give an estimate of student’s academic progress in your class:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (class work)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (homework)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (test average)

**Problem Behavior(s**): **Identify Top 3 Most Problematic Behaviors**

|  |  |  |  |
| --- | --- | --- | --- |
| ­­­­­\_\_\_ Tardy | \_\_\_ Fight/physical aggression | \_\_\_ Disruptive | \_\_\_ Theft |
| \_\_\_ Unresponsive | \_\_\_ Inappropriate language | \_\_\_ Insubordination | \_\_\_ Vandalism |
| \_\_\_ Withdrawn | \_\_\_ Verbal harassment | \_\_\_ Incomplete work | \_\_\_ Other |
|  |  |  |  |

What have you tried? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How has it worked? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you think the behavior(s) keep happening? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or the counselor attempted to engage the family in a solution, and if so, what worked or did not work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring teacher, do not write below this line, for TEAM documentation only.

**Relevant information has been reviewed: BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (SST, SIT, counselor, etc.)

⁯ grades ⁯ attendance ⁯ testing information

⁯ discipline records ⁯ other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended for:**

⁯ Academic Seminar ⁯ HS-BEP (CICO) ⁯ Reading Support ⁯ Math Support

⁯ Special Ed. evaluation ⁯ Skills Groups ⁯ Mentoring ⁯ Tier 3 team

⁯ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_