

Student Study Team Referral Form

Student Name: _____ Referred By: _____ Grade: _____ Date: _____

Student Concerns:

- Attendance
- Low test scores
- Incomplete homework
- Behavior
- Lack of effort
- Other: _____

Interventions: Please indicate the interventions you have tried on the other side of this form.

How have the interventions worked, or not?

What would you like to see happen?

Comments:

Parent Contact (Date/Method/Outcome):