

CIRCLE ONE: PROGRESS REPORT/REFERRAL

RETURN TO: _____

DUE DATE: _____

TIME: _____

STUDENT NAME: _____

SUBJECT: _____

PERIOD: _____

DATE: _____

Areas of Concern (check all areas that you feel apply in your class):

General Areas:

- Academic
- Behavior
- Attendance
- Other

Specific Areas:

- | | | |
|--|--|---|
| <input type="checkbox"/> Decline quality of work | <input type="checkbox"/> Daydreaming | <input type="checkbox"/> Peer conflicts |
| <input type="checkbox"/> Decline in grades | <input type="checkbox"/> Manipulation of rules | <input type="checkbox"/> Change in friends, peer group |
| <input type="checkbox"/> Incomplete work | <input type="checkbox"/> Disruptive in class | <input type="checkbox"/> Frequent visits to nurse |
| <input type="checkbox"/> Failing grades | <input type="checkbox"/> Sleeping in class | <input type="checkbox"/> Frequent visits to lavatory |
| <input type="checkbox"/> Academic apathy | <input type="checkbox"/> Withdrawal, a loner | <input type="checkbox"/> Verbal abuse |
| <input type="checkbox"/> Lack of motivation | <input type="checkbox"/> Erratic behavior | <input type="checkbox"/> Obscene language gestures |
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Fighting | <input type="checkbox"/> Seeks attention inappropriately |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Extreme negativism |
| <input type="checkbox"/> Cheating | <input type="checkbox"/> Restless, nervousness | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Low affect | <input type="checkbox"/> Defensiveness | <input type="checkbox"/> Pre-occupied with school success |

Area(s) of Strength:

Area(s) of Concern:

Action(s) taken prior to referral:

- | | |
|--|--|
| <input type="checkbox"/> held conference with student | <input type="checkbox"/> sent previous report home |
| <input type="checkbox"/> changed student's seat | <input type="checkbox"/> consulted counselor |
| <input type="checkbox"/> met with student after school | <input type="checkbox"/> consulted with nurse |
| <input type="checkbox"/> telephoned parent | <input type="checkbox"/> held conference with parent |

Approximate Average at this time _____

Assignments completed? Less than 50% 75% More than 85%

Additional Comments: _____

Teacher's Signature: _____