

AI - STUDENT REFERRAL FORM

Student: _____

Teacher: _____

Current Grade/Percentage: _____

Work Habit: G S N

Area(s) of Weakness:

- Test Scores
- Assignment Completion
- Attendance
- Assignment Quality
- Other _____

Previous Action Taken to Support Student

REQUIRED ACTION

- Discussed AI Referral with Parent
- Discussed AI Referral with student

OTHER ACTION TAKEN

- After School/Lunch Time Assistance
- Saturday School
- Detention
- School Based Team Referral
- Discussion with Case Manager
- Other _____

Comments (if necessary)

****ATTACH A CURRENT PROGRESS REPORT PRINT-OUT****

SBT/COUNSELLOR RECOMMENDATION

AI REFERRAL STUDENT SUPPORT SERVICES ADMINISTRATION

Comments
