

Early Student Intervention

Please use this form to inform our Counselor of potential *academic or formation problems* that a student in your class or formation group may be facing. Early detection of student problems helps us to assist students in addressing concerns in time to make a difference.

Name of Student: _____

Nature of Problem:

Frequently late	Declining quality of work
Lack of attention	Declining quantity of work
Poor attitude towards others	Declining test score or performance
Poor note-taking skills	Disrupting behavior
Poor time management skills	Sleeps in class/mass/meetings
Poor attitude towards tasks	Mood swings
Possible hearing/vision problems	Possible learning disabilities
Disrespectful	Sexual or Harassment
Bullying	Other issues

Please include some explanation or additional comments:

Has the student been made aware of this referral?YesNo
Your signature:
Data
Date:

Please give this form to the counselor, who will make a determination about how best to proceed.

10/12/16