

**WEST LAKE SPECIAL EDUCATION COOPERATIVE  
SCHOOL SERVICE PROVIDER REFERRAL**

The School Service Provider is under the direction of Special Education, and is responsible for assisting with the following tasks: behavioral assessment of students, generating and implementing behavioral plans to remediate behavioral and social problems for students in general or special education programs. She is also available for consultation to school personnel and parents of these students. The role of the School Service Provider is to facilitate, assess and support instructional programs for students in general and special education; provide training and work collaboratively with teachers, and support staff. To demonstrate best practices, strategies and techniques to enhance instruction for student with social, communication, behavioral and learning challenges; provide preventative classroom lessons such as bullying prevention, problem solving, self esteem, developing social skills, etc; and do other related work as required. The School Service Provider will work with classrooms, individuals, or small groups.

**Name** \_\_\_\_\_

**Referring Teacher** \_\_\_\_\_

**Current Grade** \_\_\_\_\_

**Date of Referral** \_\_\_\_\_

**Behavior Checklist:**

- |  |  |
|--|--|
| <input type="checkbox"/> Easily frustrated                 | <input type="checkbox"/> Reluctant to speak in class                       |
| <input type="checkbox"/> Destructive                       | <input type="checkbox"/> Easily fatigues                                   |
| <input type="checkbox"/> Fights; aggressive                | <input type="checkbox"/> Physically active/impulsive                       |
| <input type="checkbox"/> Fearful & Anxious                 | <input type="checkbox"/> Socially inappropriate                            |
| <input type="checkbox"/> Unhappy (rarely smiles)           | <input type="checkbox"/> Needs frequent reassurances                       |
| <input type="checkbox"/> Poor personal hygiene             | <input type="checkbox"/> Abuses property                                   |
| <input type="checkbox"/> Appears to dislike school         | <input type="checkbox"/> Scapegoated by others                             |
| <input type="checkbox"/> Unable to anticipate consequences | <input type="checkbox"/> Will not accept consequences                      |
| <input type="checkbox"/> Not accepted by peers             | <input type="checkbox"/> Will not accept responsibility for own<br>Actions |
| <input type="checkbox"/> Teases or provokes others         | <input type="checkbox"/> Misinterprets simple statements                   |
| <input type="checkbox"/> Distractible                      | <input type="checkbox"/> Defiant   |
| <input type="checkbox"/> Poor self-image                   | <input type="checkbox"/> Argumentative                                     |
| <input type="checkbox"/> Absence or truancy                |  |

**Academic Checklist:** Check only if item is of major concern.

- |   |  |
|---|--|
| <input type="checkbox"/> Unable to organize work on paper | <input type="checkbox"/> Does not turn in assignments            |
| <input type="checkbox"/> Does not come to class prepared  | <input type="checkbox"/> Unable to complete multiple assignments |
| <input type="checkbox"/> Does not work independently      | <input type="checkbox"/> Slow in finishing work                  |
| <input type="checkbox"/> Does not complete assignments    |  |

**Environmental Factors:**

- Successive relocations  
 Recent break-up in family (divorce, separation, ETC.)  
 Recent death in family  
 Other \_\_\_\_\_

**Briefly state what is most adversely impacting the student:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check the type(s) of assistance requested from School Services Provider:**

- Consultation                       Observation                       Interview with student

**Have Parent(s) been made aware of referral for services?**                       YES                       NO

**\*PLEASE CONTACT PARENT(S) PRIOR TO REFERRAL\***