

Student Success Center

NON-DISCIPLINARY SCREENING FORM

(PLEASE NOTE THIS FORM WILL NEXT BE STAFFED WITH SSC TEAM TO APPROVE APPROPRIATENESS)

Referral Date: _____ Is this Referral Non-Discipline? ___ YES ___ NO

Student: _____ Grade: _____ Gender: _____ Ethnicity: _____

School: _____ Referring Staff: _____ Phone: _____

Special Education Identified? ___ YES ___ NO, 504 ___ YES ___ NO

If YES, What is the handicapping condition? ___ LD ___ ED ___ OHI ___ Communication ___ other

Manifest Determination? ___ YES ___ NO

Describe the Problematic action/s and behavior/s that led to this referral:

Discipline Referral Documentation: ___ YES (Attach Document)

Please Document if the Following Interventions Have Been Implemented:

Safety Plan: ___ YES Date Started: _____ (Attach Document) Last Review Date: _____

FBA/BSP: ___ YES Date Started: _____ (Attach Document) Last Review Date: _____

Reviewed SIT: ___ YES (Attach Document with Interventions and Data)

Family Meetings: ___ YES (Include Agreements and Action Steps)

Mental Health Referral/Evaluation: ___ YES, Currently in Counseling: ___ YES, Provider: _____

Community Resources/Connections: _____

IF Student is identified SPED:

- When was the last Review Meeting Date? _____
- Has student demonstrated an ability to sit in a classroom for 4 hours? _____
- Has student attended Pioneer? _____
- Has student been assigned to a B classroom? _____
- Please send most current IEP