

# Capital High School

## CARE Team – Tier II/III Referral Form

This form should be filled out when a Staff member has attempted Tier I interventions yet the issue still persists.

Date:	Student Name:	Referring Teacher:	Counselor:
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### Reason for Referral:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Behavior       | <input type="checkbox"/> Class Engagement | <input type="checkbox"/> Focus                        |
| <input type="checkbox"/> Academics      | <input type="checkbox"/> Attendance       | <input type="checkbox"/> Suspected Drug/Alcohol Abuse |
| <input type="checkbox"/> Medical/Health | <input type="checkbox"/> Family Crisis    | <input type="checkbox"/> Other:                       |
| <input type="checkbox"/> Financial      | <input type="checkbox"/> Sleep Issues     |   |

### Reasons for Referral:

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### Tier I Interventions Attempted:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Structured Routine        | <input type="checkbox"/> Visual Schedule    | <input type="checkbox"/> Take a Break             |
| <input type="checkbox"/> Praise                    | <input type="checkbox"/> Speak in Calm Tone | <input type="checkbox"/> Re-teaching Expectations |
| <input type="checkbox"/> Teach Relationship Skills | <input type="checkbox"/> Redirect           |   |

Parent/Guardian Phone Call – Date:

Outcome of Phone Call:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Contracts              | <input type="checkbox"/> Monitor Progress     | <input type="checkbox"/> Reminders               |
| <input type="checkbox"/> Student Conference     | <input type="checkbox"/> Classroom Discipline | <input type="checkbox"/> Notes Provided          |
| <input type="checkbox"/> Counseling Referral    | <input type="checkbox"/> Office Referrals     | <input type="checkbox"/> Peer Partners           |
| <input type="checkbox"/> Tutoring               | <input type="checkbox"/> More Time            | <input type="checkbox"/> Instructions read aloud |
| <input type="checkbox"/> School Psych. Referral | <input type="checkbox"/> Modified Assignments | <input type="checkbox"/> Other:                  |
| <input type="checkbox"/> Nurse Referral         | <input type="checkbox"/> Preferential Seating |  |

### Outcomes of these interventions:

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### Expected Outcomes from CARE Team:

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Please print and put in Jen Hewitt's mailbox.

# CARE TEAM ACTION

\*Completed by Care Team\*

## Options to pursue:

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Boot Camp        | <input type="checkbox"/> Grub        | <input type="checkbox"/> Drug/Alcohol Referral |
| <input type="checkbox"/> Outside Referral | <input type="checkbox"/> Reduced Day | <input type="checkbox"/> Medical Support       |
| <input type="checkbox"/> NMSC             | <input type="checkbox"/> YAR         | <input type="checkbox"/> SRO                   |
| <input type="checkbox"/> APEX             | <input type="checkbox"/> Gravity     | <input type="checkbox"/> Becca                 |
| <input type="checkbox"/> Summer School    | <input type="checkbox"/> Avanti      | <input type="checkbox"/> Social Services       |
| <input type="checkbox"/> 504/IEP          | <input type="checkbox"/> ORLA        |  |

## Action Plan

Action	Responsible Person(s)