

Woodridge Local School District

CONCERNED PERSON'S STUDENT REFERRAL

Student's Name: _____ Grade: _____

Referred by: _____ Conference Period: _____

Please check appropriate area(s).

- _____ 1. poor class performance, including falling asleep
- _____ 2. excessive tardiness, absenteeism
- _____ 3. unacceptable behavior: in and/or out of classroom
- _____ 4. information from family or student's peers
- _____ 5. other (please comment)

Additional comments: _____

YOU ARE NOT BEING ASKED TO LABEL OR DIAGNOSE!! YOUR OBSERVATION MIGHT SIGNAL NEED OR ASSESSMENT.

Please return form to any member of the core group.