

Targeted Group Referral Form

Student Name / Grade: _____

Referrer's Name: _____

Relationship to Student: _____

Reason for referral (What does the problem look like?):

Where does the problem occur? (Circle all that apply)

Classroom Playground PE Music Art Library STEM Hallway
Cafeteria Restroom Bus Ramp PPU Office Other: _____

What happens before the problem occurs? (Circle all that apply)

Appears to be in discomfort Asked to do something Bored Could not get desired item
Loud / disruptive environment Ongoing behavior interrupted Other student provoked
Stopped from doing activity Transitional time Attention given to others
Other: _____

Why do you think these problems occur? (Circle all that apply)

Obtain peer attention Obtain adult attention Obtain items / activities
Avoid tasks / activities Avoid peers Avoid adults Escape setting
Unknown Other: _____

What other strategies have been tried or are currently in place?

Other reasons to consider student for membership (divorce, academic difficulties, etc...) Use the back of page if more space is needed.

For Target Group Team Use Only

Number / Type of Majors:

Number of Minors: _____

Violent Offenses:

Summary of Grades:

IEP: Y N PMP: Y N 504: Y N Behavior Support Plan: Y N

Additional Notes:

___ Accepted ___ Wait List (review date: _____) ___ Denied

Referrer Notified / Date: _____