

INTERVENTION AND REFERRAL SERVICES

SECONDARY TEACHER INFORMATION COLLECTION FORM

Confidential

Please return this form, in a sealed envelope, to the I&RS Team mailbox by \_\_\_\_\_  
(date)

TO: \_\_\_\_\_  
FROM: Mr. Wallace  
DATE: \_\_\_\_\_  
REFERENCE: \_\_\_\_\_

Classes in which the above-named student is enrolled: \_\_\_\_\_

Period(s) of the day you see the student: \_\_\_\_\_

Check each of the following items that are of concern to you or that you have noticed regarding the above-named student.

Class Attendance:

_____ Frequent requests to leave class to see:	_____ Frequent tardiness
_____ advisor	_____ Frequent absences
_____ nurse	_____ Class cuts
_____ other _____	

Academic Performance:

_____ Drop in grades, lower achievement	_____ Present grade (approximately)
_____ Failure to complete in-class assignments	_____ Decrease in class participation
_____ Failure to complete homework assignments	_____ Short attention span, easily
_____ Cheating	_____ distracted

Disruptive Behavior:

_____ Attention-getting behavior,	_____ Violating rules
_____ extreme negatives	_____ Blaming, denying
_____ Fighting and/or sudden outbursts of anger	_____ Obscene language, gestures
_____ and/or verbal abuse toward others	_____ Hyperactivity, nervousness

Physical Symptoms:

_____ Sleeping in class	_____ Unsteady on feet
_____ Unexplained, frequent physical injuries	_____ Slurred speech
_____ Deteriorating personal appearance	_____ Frequent cold-like symptoms
_____ Frequent complaints of nausea or vomiting	_____ Glassy, bloodshot eyes
_____ Smelling of alcohol or marijuana	