

# STAR TEAM

Student Assistance and Referral Team  
Belleville East High School

## Initial Referral

STUDENT BEING REFERRED: \_\_\_\_\_ I.D.#: \_\_\_\_\_

YEAR IN SCHOOL:      9      10      11      12

YOUR NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please check the areas of concern:

- Academic
- Behavior
- Health
- Attendance
- Other

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**Reasons for Referral:** (Please provide specific, descriptive observable information.)

Academic:

Behavior:

Health:

Attendance:

Other:

**\* See Reverse Side \***

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## CLASSROOM INTERVENTION CHECKLIST

- \_\_\_\_\_ Conversation with student privately to explain class rules, expectations, or concerns. (ex: hallway, after class, etc.)
- \_\_\_\_\_ Before or after school assistance with class.
- \_\_\_\_\_ Relocated the student in the classroom (new seating assignment, etc.)
- \_\_\_\_\_ Attempted to give student additional attention.
- \_\_\_\_\_ Informed student of tutoring services available.
- \_\_\_\_\_ Written parental contact regarding student behavior, academic or other.
- \_\_\_\_\_ Parental contact by telephone regarding student behavior, academic or other.
- \_\_\_\_\_ Parental conference at school regarding student behavior, academic or other.
- \_\_\_\_\_ Student/teacher contract developed to improve overall performance.
- \_\_\_\_\_ Verbal or written communication with East counselor regarding situation.
- \_\_\_\_\_ Verbal or written communication with East AP regarding situation.

Other (please explain):

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