

At-Risk Counseling Referral Form

Culver City High School

2007-2008

Referred By: _____ Date of Referral: _____

Student Name: _____ Grade: _____

Section I. Areas Of Improvement

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attendance Issues | <input type="checkbox"/> Does not participate in class |
| <input type="checkbox"/> Lack of Motivation | <input type="checkbox"/> Low Test Scores |
| <input type="checkbox"/> Poor Work Habits | <input type="checkbox"/> Incomplete Homework |
| <input type="checkbox"/> Incomplete Assignments | <input type="checkbox"/> Does not bring materials to class |

Additional comments regarding student's areas of concern: _____

Section II. Previous Interventions/Additional Support Program Involvement

(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Student/Parent Conference | <input type="checkbox"/> Student Success Team |
| <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Referral to School Programs/Support |

Section III. Additional Comments: _____

Please forward to the appropriate At-Risk Counselor:

(Check one)

Lisa Cooper (Academics)

Steve Gyepes (Discipline/behavior/personal)

Terence Brown (Attendance)