



FULLERTON JOINT UNION HIGH SCHOOL DISTRICT

www.fjuhsd.k12.ca.us

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Education and Assessment Services

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Student Intervention Team (SIT) Referral Form

Complete this form prior to SIT Meeting

Date Received:	_____
SIT Meeting Date:	_____
Follow-up Date:	_____
Other:	_____
Today's Date:	_____

Student: _____ DOB: _____ Ethnicity: _____ Sex: M F

School: _____ Grade: _____ Referring Teacher: _____

Address: _____ Phone: _____

City, Zip: _____ Phone: _____

Home Language: _____ Interpreter Needed: No Yes

STUDY HABITS

- ___ Assignments often incomplete
- ___ Homework not turned in
- ___ Difficulty following directions
- ___ Does not bring materials to class
- ___ Wastes class time
- ___ Difficulty taking notes
- ___ Does not use textbook effectively
- ___ Usually studies for tests
- ___ Good work/Study habits

TOLERANCE FOR FRUSTRATION

- ___ Gives up easily
- ___ Acts helpless
- ___ Asks for help
- ___ Perseverates
- ___ Becomes angry
- ___ Age appropriate

SOCIAL BEHAVIOR

- ___ Hurts other: Verbally Physically
- ___ Destructive of property
- ___ Often appears angry
- ___ Appears withdrawn (a loner)
- ___ Does not display emotion
- ___ Many friends/very social
- ___ Age appropriate

ABILITY TO WORK WITH A GROUP

- ___ Prefers to work alone
- ___ Appears threatened by group
- ___ Often chosen as leader
- ___ Has difficulty working with a group
- ___ Works well/accepted by peers
- ___ Age appropriate

SUPPORT NEEDED

- ___ Teacher 1 to 1 necessary
- ___ Needs reminders
- ___ Needs encouragement
- ___ Needs additional time to complete task
- ___ Needs constant clarification
- ___ Age appropriate

CLASSROOM BEHAVIOR

- ___ Restless/often out of seat
- ___ Plays with object while working/listening
- ___ Is quiet during class time
- ___ Excessive talking to classmates
- ___ Makes many excuses
- ___ Talks out without permission
- ___ Disturbs others
- ___ Follows class rules

REACTION TO DISCIPLINE

- ___ Denies action
- ___ Afraid of authority
- ___ Blames others
- ___ Defiant (talks back)
- ___ Responds adversely to authority
- ___ Cooperative
- ___ Accepts authority

SELF-CONFIDENT

- ___ Poor self-concept
- ___ Overly confident
- ___ Afraid to try new tasks
- ___ Upset by changes in routine
- ___ A lot of 'show' (façade)
- ___ Age appropriate

ATTENTION SPAN

- ___ Less than 10 minutes
- ___ Can handle 15-20 minutes
- ___ Age appropriate
- ___ Easily distracted: Visually Auditorily
- ___ Stays on task until completion
- ___ Daydreams
- ___ Attends to task of self-interest
- ___ Attends to varied tasks

Comments: _____

STUDENT INTERVENTION TEAM (SIT) REFERRAL FORM

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STUDENT'S STRENGTHS, SKILLS AND INTERESTS:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Oral communication | <input type="checkbox"/> Perseverates on difficult tasks | <input type="checkbox"/> Class participation | <input type="checkbox"/> Musical ability |
| <input type="checkbox"/> Strong reading skills | <input type="checkbox"/> Works independently | <input type="checkbox"/> Inquisitive | <input type="checkbox"/> Critical thinking skills |
| <input type="checkbox"/> Strong math skills | <input type="checkbox"/> Leadership skills | <input type="checkbox"/> Shows initiative | <input type="checkbox"/> Gross motor skills |
| <input type="checkbox"/> Strong writing skills | <input type="checkbox"/> Social interactions | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Fine motor skills |
| <input type="checkbox"/> Attention span | <input type="checkbox"/> Good peer relations | <input type="checkbox"/> Creative | <input type="checkbox"/> Listens well |
| <input type="checkbox"/> Task completion | <input type="checkbox"/> Attendance | <input type="checkbox"/> Artistic | <input type="checkbox"/> Resiliency |

AREAS OF CONCERN – Reading: Math: Written Language:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Comprehension | <input type="checkbox"/> Conventions | <input type="checkbox"/> Spelling |
| <input type="checkbox"/> Composition | <input type="checkbox"/> Computation | <input type="checkbox"/> Handwriting |
| <input type="checkbox"/> Fluency | <input type="checkbox"/> Word Problems | |
| <input type="checkbox"/> Vocabulary | <input type="checkbox"/> Grammar | |

AREAS OF CONCERN – Behavior: Language: Inter Processing:

- | | | | |
|--|--|--|------------------------------------|
| <input type="checkbox"/> Attention | <input type="checkbox"/> Mood | <input type="checkbox"/> Syntax | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Articulation | <input type="checkbox"/> Pragmatics | <input type="checkbox"/> Sensory |
| <input type="checkbox"/> Social Competence | <input type="checkbox"/> Voice/Fluency | <input type="checkbox"/> Visual motor skills | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Semantics | <input type="checkbox"/> Listening | |

Other: _____

CURRENT/PRIOR INTERVENTIONS: (Attach PRE SIT Intervention Log)

- Supplemental Instruction: _____
- 504: _____

STUDENT INTERVENTION TEAM (SIT) REFERRAL FORM

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HEALTH AND FAMILY HISTORY:

Date of school vision screening: _____ Results: _____ Glasses: _____

Date of school hearing screening: _____ Results: _____ Amplification: _____

Diagnosed medical or psychological conditions: _____

MEDICATIONS –

Name of Medication:

Purpose of Medication:

MEDICAL/COUNSELING SERVICES –

Name of Provider:

Purposes of Treatment:

Recent family problems/traumatic events/family stresses:

EDUCATIONAL HISTORY –

Prior schools attended: _____

List grades in which student has been retained: _____

Current number of days student has been absent: _____ tardy: _____