

Cane Ridge Elementary Collaborative Referral

Questions to consider before submitting:

- Have parents been contacted and informed about the behavior concern?
 - Have these conversations been documented in S&I?
- Have Tier 1 interventions been implemented and documented with fidelity?
- Have you reached out to your grade level counselors to schedule a classroom observation?
- Have you completed a cum dive to look through all documents located in the white folder?
 - Look for previous interventions and behavior referrals

Section 1: Student Info			
First Name	Last Name	Student ID	Grade
School	DOB	Referring Staff	Position
Parent		Contact #/email	

Section 2: Tier 1 Interventions	
Parent contacts dates	Check all that apply <input type="checkbox"/> School counselor observation <input type="checkbox"/> Vision/hearing screening <input type="checkbox"/> Behavior contract <input type="checkbox"/> Positive recognition/praise <input type="checkbox"/> Preferential Seating <input type="checkbox"/> Other:
Parent/Teacher conference	
Support Team meeting	

Section 3: Area of concerns (check up to 3 total)			
Relationship Skills	<input type="checkbox"/> Communication <input type="checkbox"/> Social engagement <input type="checkbox"/> Resolving conflicts <input type="checkbox"/> Listen skills <input type="checkbox"/> Seeking and accepting help	Self-Awareness	<input type="checkbox"/> Identifying emotions, thoughts, and values <input type="checkbox"/> Self-identity <input type="checkbox"/> Recognizing strengths and limitation <input type="checkbox"/> Self-confidence Sense of optimism and growth
Responsible Decision-Making	<input type="checkbox"/> Identifying and solving problems <input type="checkbox"/> Critical thinking <input type="checkbox"/> Attendance <input type="checkbox"/> Understanding and accepting consequences	Social Awareness	<input type="checkbox"/> Respecting others <input type="checkbox"/> Showing empathy <input type="checkbox"/> Understanding social norms <input type="checkbox"/> Understanding the viewpoint of others Recognizing family, school, and community supports
Self-Management	<input type="checkbox"/> Perseverance <input type="checkbox"/> Attention to task		

	<input type="checkbox"/> Anger management <input type="checkbox"/> Stress/anxiety management <input type="checkbox"/> Impulse control <input type="checkbox"/> Following directions <input type="checkbox"/> Regulating emotions, thoughts, and behaviors <input type="checkbox"/> Organizational skills <input type="checkbox"/> Goal setting		
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Section 4: Relevant Information	
Any known diagnoses	
Student strengths	
Student struggles	
Any other information you think the MTSS-B team needs to know	

MTSS-B DATA TEAM USE ONLY			
Academic concerns? If yes, attach grades.	Yes	No	Behavior concerns? If yes, provide the following information: Total absences: # Office Referrals: # ISS/OSS Days:
Tier: Subject:			
Referral assigned to: Assignment date:			<input type="checkbox"/> Drug Education Office <input type="checkbox"/> School Attendance Team <input type="checkbox"/> STARS <input type="checkbox"/> Student Health Services <input type="checkbox"/> Trauma Specialist <input type="checkbox"/> Vanderbilt <input type="checkbox"/> Other
<input type="checkbox"/> School Counselor <input type="checkbox"/> School Social Worker <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Nurse <input type="checkbox"/> Behavior Analyst <input type="checkbox"/> Centerstone <input type="checkbox"/> CIS			