

Culver City High School

REFERRAL

☐ Poor ☐ Fair ☐ Good

↑ Student	Grade Level	Grade in class	Usual Behavior
-----------	-------------	----------------	----------------

↑ Teacher	Room	Period	Date
-----------	------	--------	------

<input type="checkbox"/> IMMEDIATE REFERRAL	Level III code:	Reason:
----------------------------------------------------	-----------------	---------

INTERVENTION

Teacher Interventions Use at least 4 interventions before referring to Assistant Principal	Interventions: <input type="checkbox"/> Student Conference <input type="checkbox"/> Buddy Teacher <i>Parent contact required for the following:</i> <input type="checkbox"/> Detention <input type="checkbox"/> Saturday School <input type="checkbox"/> Phoned Parent <input type="checkbox"/> Parent Conference <input type="checkbox"/> Class Suspension	Date: _____ _____ _____	Reason:
Teacher Signature: _____			Date: _____

Assistant Principal	Interventions: <input type="checkbox"/> Met w/ Student <input type="checkbox"/> Called Parent <input type="checkbox"/> Met w/ Parent	Date: _____ _____ _____	Counselor follow-up: _____ _____ _____	Action Taken:
AP Signature: _____			Date: _____	

Counselor Interventions	Interventions: <input type="checkbox"/> Counsel Student <input type="checkbox"/> Daily Progress Report <input type="checkbox"/> Weekly Progress Report <input type="checkbox"/> Consult w/ Teacher <input type="checkbox"/> Consult w/ Administrator <input type="checkbox"/> Call Parent <input type="checkbox"/> Parent/Student Conference <input type="checkbox"/> Referred to: <input type="checkbox"/> Tutoring <input type="checkbox"/> SST <input type="checkbox"/> SART <input type="checkbox"/> SARB <input type="checkbox"/> Outside Agency	Date: _____ _____ _____ _____ _____ _____ _____ _____ _____	Teacher follow-up date: _____ _____ _____ _____ _____ _____ _____ _____ _____	Reason:
Counselor Signature: _____			Date: _____	

Administrative notes:
