

Traverse City Central High School

TASC Referral

Student Name: _____ Grade: _____ Date: _____

Referred by: _____

Statement of concern: _____

Student Employment: _____

Community Involvement: (hobbies, clubs, church, etc.) _____

Other identified strengths: _____

GOAL: _____

Parent/Guardian Contact: Yes _____ NO _____

Interventions and/or Accommodations to date	Impact on student Behavior / performance

For Coordinator Use		
Return to: Bill Myers School Social Worker	TASC Meeting Date:	CA-60 to be reviewed by:

I. ACADEMIC PERFORMANCE

- ☐ Decline in quality of work
- ☐ Decline in grade earned
- ☐ Incomplete work
- ☐ Work not handed in
- ☐ Failing in this subject

II. CLASSROOM CONDUCT

- ☐ Disruptive in class
- ☐ Inattentiveness
- ☐ Lack of concentration
- ☐ Lack of motivation
- ☐ Sleeping in class
- ☐ ☐ Impaired memory
- ☐ Extreme negativism
- ☐ In-school absenteeism (skipping)
- ☐ Tardiness to class
- ☐ Defiance; breaking rules
- ☐ Frequently needs discipline
- ☐ Cheating
- ☐ Fighting
- ☐ Throwing objects
- ☐ Defiance of authority
- ☐ Verbally abusive
- ☐ Obscene language, gestures
- ☐ Sudden outbursts of temper
- ☐ Vandalism
- ☐ Frequent visits to nurse or counselor
- ☐ Frequent visits to lavatory
- ☐ Hyperactivity, nervousness

III. OTHER BEHAVIOR

- ☐ Erratic behavior day to day
- ☐ Change in friends and/or peer group
- ☐ Sudden unexplained popularity
- ☐ Mood swings
- ☐ Seeks constant adult contact
- ☐ Seeks adult advice without a specific problem
- ☐ Time disorientation
- ☐ Apparent changes in personal values
- ☐ Depression; low affect
- ☐ Defensiveness
- ☐ Withdrawal; a loner; separates from others
- ☐ Other students express concern about a possible problem
- ☐ Fantasizing; daydreaming
- ☐ Compulsive overachievement; preoccupied with school success
- ☐ Perfectionism
- ☐ Difficulty in accepting mistakes
- ☐ Rigid obedience
- ☐ Talks freely about drug use; bragging
- ☐ Associates with known drug users

III. Contents:

[illegible]

IV. POSSIBLE AODA – SPECIFIC BEHAVIORS

Witnessed	Suspected	
<input type="checkbox"/>	<input type="checkbox"/>	Selling; delivering
<input type="checkbox"/>	<input type="checkbox"/>	Possession of alcohol, drugs
<input type="checkbox"/>	<input type="checkbox"/>	Possession of drug paraphernalia
<input type="checkbox"/>	<input type="checkbox"/>	Use of alcohol, drugs
<input type="checkbox"/>	<input type="checkbox"/>	Intoxication
<input type="checkbox"/>	<input type="checkbox"/>	Physical signs, symptoms
<input type="checkbox"/>	<input type="checkbox"/>	Other?

Is the student aware of being referred? ☐ Yes ☐ NO

What actions have you already taken? (E.g., shared concern and data with student, initiated consequences, parent contact, etc.).
