

Butte Valley Unified School District
Request for Services of the Student Study Team

Name _____ Teacher _____ Grade _____ Date _____
Telephone _____ Parent has been invited? Yes No

INDICATE IF STUDENT IS INVOLVED IN OR IDENTIFIED AS:

- Speech Resource Program Counseling English Learner Learning Center
 Migrant GATE

REASON FOR REFERRAL: General description of the problem:

STUDENT STRENGTH: _____

PLEASE CHECK ITEMS BELOW WHICH BEST DESCRIBE THIS CHILD'S BEHAVIOR

Health

- | | |
|--|--|
| <input type="checkbox"/> Lacks energy | <input type="checkbox"/> generally healthy and fit |
| <input type="checkbox"/> Often Tired | <input type="checkbox"/> Gets enough exercise |
| <input type="checkbox"/> Is often absent | |
| <input type="checkbox"/> Other _____ | |

Emotions

- | | |
|---|--|
| <input type="checkbox"/> Cries easily | <input type="checkbox"/> generally happy |
| <input type="checkbox"/> Overly sensitive | <input type="checkbox"/> Difficulty handling Change |
| <input type="checkbox"/> Worries excessively | <input type="checkbox"/> Appears tense/nervous |
| <input type="checkbox"/> Has extreme fears/frightens easily | <input type="checkbox"/> Seems to bottle things up (inhibited) |
| <input type="checkbox"/> Seems frequently unhappy/sad | <input type="checkbox"/> Inappropriate Expresses anger |
| <input type="checkbox"/> Other _____ | |

Learning

- | | |
|---|--|
| <input type="checkbox"/> Has trouble with gross motor tasks | <input type="checkbox"/> Messy work and/or area |
| <input type="checkbox"/> Has trouble with fine motor tasks | <input type="checkbox"/> Seems to like school/applies learning |
| <input type="checkbox"/> Articulation concerns | <input type="checkbox"/> Favorite subject _____ |
| <input type="checkbox"/> Language develop concerns | <input type="checkbox"/> Organizational skills lacking |
| <input type="checkbox"/> Physical limitations _____ | |
| <input type="checkbox"/> Is performing below expectancy in: | <input type="checkbox"/> Reading <input type="checkbox"/> Spelling <input type="checkbox"/> Language <input type="checkbox"/> Math |
| <input type="checkbox"/> Handwriting <input type="checkbox"/> PE <input type="checkbox"/> Other _____ | |

Self Image/Interests

- | | |
|--|---|
| <input type="checkbox"/> Expresses feelings of inadequacy | <input type="checkbox"/> Is generally confident, knows strengths & weaknesses |
| <input type="checkbox"/> Demonstrates insecurity | <input type="checkbox"/> Is creative |
| <input type="checkbox"/> Shows lack of interest/imagination | <input type="checkbox"/> Has good sense of humor |
| <input type="checkbox"/> Seems to dislike _____ | <input type="checkbox"/> Primary likes _____ |
| _____ | |
| <input type="checkbox"/> Seems to feel good about self _____ | |

