

SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
Request for Assistance (1.0)

Referring Person: \_\_\_\_\_ Class/Period: \_\_\_\_\_ Date: \_\_\_\_\_  
Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex : \_\_\_\_\_ Language: \_\_\_\_\_

**STUDENT'S STRENGTHS**

<input type="checkbox"/> Regular attendance	<input type="checkbox"/> Follows instructions
<input type="checkbox"/> Cooperative with others	<input type="checkbox"/> Participates in class
<input type="checkbox"/> Able to problem solve	<input type="checkbox"/> Sets goals
<input type="checkbox"/> Makes/maintains friendships	<input type="checkbox"/> Helpful to others
<input type="checkbox"/> Negotiates/compromises	<input type="checkbox"/> Communicates needs
<input type="checkbox"/> Articulates Feelings	<input type="checkbox"/> Asks for help
<input type="checkbox"/> Good Listener	<input type="checkbox"/> Sense of Humor
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Attentive in Class

**REASON FOR REFERRAL**

<input type="checkbox"/> Academic
<input type="checkbox"/> Attendance
<input type="checkbox"/> Behavioral/Attitude
<input type="checkbox"/> Emotional
<input type="checkbox"/> Health Issues
<input type="checkbox"/> Family Concerns
<input type="checkbox"/> Other: _____

What have you tried to do?

<input type="checkbox"/> Instructional modifications	<input type="checkbox"/> Parent conference	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Classroom modification	<input type="checkbox"/> Detention	
<input type="checkbox"/> Other: _____		

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\* COUNSELOR'S SECTION \*\*\*\*\*

**STUDENT PROFILE:**

CTBS/SAT 9 (Two previous years): Year	Reading	Lang	Math	District & Community-based services currently (c) or previously (p) received:
				GATE English Plus ELD/ESL Tutoring Special Education
				Mental Health Mentoring Peer Resource Other

Hearing Screening Date: \_\_\_\_\_ Results: \_\_\_\_\_ Vision Screening Date: \_\_\_\_\_ Results: \_\_\_\_\_

\*\*\*\*\* FEEDBACK TO REFERRING TEACHER \*\*\*\*\*

<input type="checkbox"/> SAP date _____ <input type="checkbox"/> Referred to Mental Health <input type="checkbox"/> Referred to Nurse <input type="checkbox"/> Referred to Dean <input type="checkbox"/> Referred to Resource Officer <input type="checkbox"/> Progress report	<input type="checkbox"/> Tutoring <input type="checkbox"/> STAR <input type="checkbox"/> Met with student date _____ <input type="checkbox"/> Met with parents date _____ <input type="checkbox"/> Other: _____
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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

Counselor please copy and attach Student Locator Card when making on site referrals.