

SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
 J. Eugene McAteer High School  
 Request for Assistance (1.0)

Referring Person: \_\_\_\_\_ Class/Period: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student: \_\_\_\_\_ Sex : \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Language: \_\_\_\_\_  
 HO# \_\_\_\_\_ Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_ Language: \_\_\_\_\_

**1. 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

**2. REASON FOR REFERRAL**

Academic  
 Attendance  
 Behavioral/Attitude  
 Emotional  
 Health Issues  
 Family Concerns  
 Other: \_\_\_\_\_

**3. Modifications/Interventions**  
 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 \*\*\*\*\*

**4. STUDENT PROFILE:**

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

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

**5. Date of discussion with family regarding concerns and the SAP/SST process:** \_\_\_\_\_  
**Results:** \_\_\_\_\_

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

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

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

\_\_\_\_\_  
 Counselor Date

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