

OAK GROVE R-VI SCHOOL DISTRICT

Secondary Concentrated Student Interventions (CSI) Request for Assistance

Student: _____ Grade: _____ DOB: _____
Referring Teacher(s): _____ Date: _____
Parent(s)/Legal Guardian: _____ Phone: _____
Date(s) Parents contacted sharing concerns: _____

Cumulative folder reviewed – *Documents attached include:*

____ Attendance Report ____ Grade book report from each class ____ Transcript ____ Discipline Profile

Check the Type of Problem Behavior: *(check all that apply)*

Observed Strengths:

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> Social Skills | <input type="radio"/> Study Skills | <input type="radio"/> Self-Motivated |
| <input type="radio"/> Self-Control | <input type="radio"/> Attendance | <input type="radio"/> Asks Questions |
| <input type="radio"/> Academics | <input type="radio"/> Group Work | <input type="radio"/> Homework completion |
| <input type="radio"/> Peer Relations | <input type="radio"/> Graduation Status | <input type="radio"/> Home/Family |
| <input type="radio"/> Employment | <input type="radio"/> Other _____ | |

Observed Weaknesses:

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> Social Skills | <input type="radio"/> Study Skills | <input type="radio"/> Self-Motivated |
| <input type="radio"/> Self-Control | <input type="radio"/> Attendance | <input type="radio"/> Asks Questions |
| <input type="radio"/> Academics | <input type="radio"/> Group Work | <input type="radio"/> Homework completion |
| <input type="radio"/> Peer Relations | <input type="radio"/> Graduation Status | <input type="radio"/> Home/Family |
| <input type="radio"/> Employment | <input type="radio"/> Violence | <input type="radio"/> Weapons |
| <input type="radio"/> Other _____ | | |

Health:

- | | | | |
|-----------------------------------|-------------------------------|--------------------------------|---|
| <input type="radio"/> Vision | <input type="radio"/> Hearing | <input type="radio"/> Physical | <input type="radio"/> Substance Use/Abuse |
| <input type="radio"/> Other _____ | | | |

Please provide a Specific Description of the Problem Context:

Where: _____

When: _____

Teacher does: _____

Classmates do: _____

Student demonstrates that he/she may be exposed to negative situations that impact his/her learning. Comments:

Provide a List of Any Previous Intervention Attempts:

1. _____
2. _____

Problem Solving Step 1: REFRAME the CONCERN

List the most important issue facing the student.

Initial Teacher Support Team Meeting

Date of Meeting: _____

Scheduled date for Follow-up Meeting: _____

Student Liaison: _____