

La Pryor ISD CARE Team Referral Tier 1

Student Version (page 1 of 2)

Student Name	ID#	Date of Birth	Date
--------------	-----	---------------	------

Contact Information

Parent/Guardian Name		Language Spoken at Home
Grade	Teacher(s) Name(s)	
Home Telephone		Parent Mobile Phone

My Concerns (In your own words, describe what you would like help with.)

Have you talked to your parent about your concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you talked with anyone about your concern? <input type="checkbox"/> No <input type="checkbox"/> Yes, Who?
--	---

What has been done so far to help you? (Put a check ✓ next to things that helped you.)

Please attach any information you think might be helpful in understanding your concern (e.g., quizzes, tests, homework assignments, etc.).

La Pryor ISD
CARE Team Referral

Student Version (page 2 of 2)

About Me (Check ✓ all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> I have a positive attitude. | <input type="checkbox"/> I am motivated to do a good job. | <input type="checkbox"/> I am a good leader. |
| <input type="checkbox"/> I am a hard worker. | <input type="checkbox"/> I am organized. | <input type="checkbox"/> I deal with conflict well. |
| <input type="checkbox"/> People can trust me. | <input type="checkbox"/> I have good sense of humor. | <input type="checkbox"/> I am good at sports. |
| <input type="checkbox"/> I work well in groups. | <input type="checkbox"/> I cooperate with others. | <input type="checkbox"/> I am attractive. |
| <input type="checkbox"/> I work well by myself. | <input type="checkbox"/> I am responsible. | <input type="checkbox"/> I am good at music. |
| <input type="checkbox"/> I am respectful. | <input type="checkbox"/> I am creative. | <input type="checkbox"/> I am good at art. |
| <input type="checkbox"/> I finish my work. | | <input type="checkbox"/> Other _____ |

I have difficulty: (Check ✓ all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Getting good grades | <input type="checkbox"/> Writing assignments | <input type="checkbox"/> Working by myself |
| <input type="checkbox"/> Finishing my work | <input type="checkbox"/> Reading | <input type="checkbox"/> Working with others. |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Doing math | <input type="checkbox"/> Sitting still |
| <input type="checkbox"/> Remembering Things | <input type="checkbox"/> Studying for tests | <input type="checkbox"/> Other _____ |

Behaviors I need help to stop doing: (Check ✓ all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Physically hurting people
(e.g., hitting, throwing things) | <input type="checkbox"/> Destroying property | <input type="checkbox"/> Annoying people |
| <input type="checkbox"/> Saying mean things (e.g.,
making threats, swearing). | <input type="checkbox"/> Being easily distracted | <input type="checkbox"/> Giving up easily |
| <input type="checkbox"/> Bullying others | <input type="checkbox"/> Arguing | <input type="checkbox"/> Being late to school |
| | <input type="checkbox"/> Being shy | <input type="checkbox"/> Skipping School |
| | <input type="checkbox"/> Getting mad easily | <input type="checkbox"/> Other _____ |

Other Comments