

# KinStar International Bilingual School Initial Referral

Please attach a "Prior Interventions" checklist

**To: Student Assistance Program**

**From:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_

Reasons for Referral: Must be for school-based issues (attendance, academics, behavior, school health)

Please give a brief description of observed behavior that have prompted your concern:  
Please avoid subjective comments.

Please complete the Prior Interventions Checklist on back and place in the SAP Referral Box. This referral will be discussed and the data collection process begun as soon as possible. You will be contacted for more information at that time.

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## PRIOR INTERVENTIONS CHECKLIST

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**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Referring Teacher:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please indicate what types of interventions you have tried prior to referral.

1. Spoke to student privately after class.
  - Explained class rules and expectations \_\_\_\_\_
  - Explained concerns \_\_\_\_\_
2. Gave student help after class/school. \_\_\_\_\_
3. Changed student's seat \_\_\_\_\_
4. Spoke with parent on the telephone. Phone No. \_\_\_\_\_ \_\_\_\_\_
5. Gave student special work at his/her level. \_\_\_\_\_
6. Checked cumulative folder. \_\_\_\_\_
7. Held conference with parent in school. \_\_\_\_\_
8. Sent home notices regarding behavior/school work. \_\_\_\_\_
9. Arranged an independent study program for student. \_\_\_\_\_
10. Have given student extra attention. \_\_\_\_\_
11. Have set up contingency management program with student. \_\_\_\_\_
12. Have assigned student after school detention. \_\_\_\_\_
13. Have referred student to guidance/administration. \_\_\_\_\_

Other (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_