

Wakpala Public School
Teacher Assistance Team

Referral Information – Before the Meeting

Student Name: _____ DOB: _____
Grade: _____ Gender: M F
Team Members: _____

Meeting Dates: __/__/__ __/__/__ __/__/__ __/__/__

Course Information

Teacher name: _____
Course: _____
Current Grade: _____
Please describe student's academic strengths and weaknesses as they pertain to this course: _____

Of the last five assignments, how many were completed and submitted? _____

Of the last five school days, how many days was the student in attendance for your course? _____

Of the last five school days, how many days did the student come prepared for class, i.e. with a pencil, books, or other needed materials? _____

Describe the most recent time you spoke directly with the student about academic performance in your course (date, topic, follow up if behavior did not change): _____

Describe parent/guardian contact regarding this student. Include dates, topics, and follow up contact information if behavior did not change: _____

ACADEMIC CONCERNS

- speech language articulation
- writing expression spelling
- reading decoding comprehension fluency
- oral expression math
- homework incomplete drop in grades
- always behind in class inattentive/distracted
- off-task behavior lack of organizational skills
- other _____

Specific Interventions for Referred Child Attempted and Results

Attempted	Frequency/Duration	Results

Behavior Information

Review what you currently know about the child's **behavior**.

Where does the behavior occur? _____

With whom does the behavior occur? _____

When does the behavior occur? _____

How often does the behavior occur? _____

How long does the behavior last? _____

Other: _____

DISRUPTIVE BEHAVIOR

- defiance of rules
- constant discipline problem
- verbally aggressive
- obscene language, gestures
- hyperactive

- impulsive
- blaming, denying
- cheating, lying
- over stimulated, nervous, anxious
- other _____

OTHER AREAS OF CONCERN

PHYSICAL/AFFECT

- avoidance of eye contact
- lack of coordination
- lethargic
- defensive, irritable
- manipulative
- avoids contact with staff
- attention getting

- erratic behavior changes
- inappropriate responses
- appears depressed
- crying
- extreme negativism
- unexplained fear/grief/nightmares
- other _____

PEER/SOCIAL

- peer rejection
- change of friends
- preoccupation with sexuality

- avoids peer contact
- older/younger contacts

TAT Implementation Plan

Intervention	Frequency	Duration	Person Responsible