## Maysville R-I School District CARE Team Referral

(to be completed by referring person)

Student name:	
Teacher:	
Date of Referral:	
ACADEMIC PERFORMANCE;	
Fails to complete classwork	Fails to complete homework
Below level overall	Failing more than one subject
Below level in math	Below level in reading/lang arts
Lacks appropriate study skills	Lacks appropriate test taking skill
Limited English proficiency	
Scores below the 25th percentile on stan	ndardized tests
BEHAVIOR CONCERNS:	
Lack of motivation	Sleeps in class, unusually tired
Disturbs others	Frequently overacts
Mood swings	Extreme negativism
Unusually withdrawn or shy	Rebellious, rude, or disrespectful
Talks about drugs/alcohol	Defensive
Frequent counselor visits	Frequent visits to the nurse
Absenteeism (10 or more days in a seme	ester)
Wears clothing identified with drugs and/	or gangs
OTHER AT-RISK FACTORS: Emotional/psychological problems Low self-esteem Older than classmates/failure of one or m Parent/sibling dropout One parent home mother fathe Students being raised by other family me Numerous family relocations Low income/reduced lunch/food stamps Ward of the court Drug/alcohol usage or associates with us  Parental alcoholism/drug usage	er ember/friends
Other (please explain)	
Instructional strategies previously attempted	