

**Reason for Review**

Request for Assistance

SAEBRS At-Risk Screener

**CVUSD STUDENT AT-RISK SCREENER FORM**

Fall     Winter     Spring

Referring Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name:	Teacher:	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Grade:
---------------	----------	--	--------

<b>STUDENT WELLNESS CONCERNS</b>	<b>SAEBRS Overall Score:</b> _____		
	<b>Social</b>	<b>Academic</b>	<b>Emotional</b>
	<b>Low-level Concerns</b>		
	<b>Social/Behavioral Concerns:</b> <input type="checkbox"/> Does not follow expectations after at least 2 prompts. <input type="checkbox"/> 2 or more minor infractions (i.e playground) <input type="checkbox"/> Uses Inappropriate Language <input type="checkbox"/> Struggles to demonstrate age-appropriate social skills <input type="checkbox"/> Struggles to regulate body and voice in desired setting	<b>Academic Concerns</b> <input type="checkbox"/> Frequent absences/tardies <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math  <b>Academic Concerns should be documented within the classroom at this level unless they are high-level concerns (see below).</b>	<b>Socio-emotional Concerns:</b> <input type="checkbox"/> Struggles with transitions <input type="checkbox"/> Struggles with redirection <input type="checkbox"/> Struggles to manage emotion <input type="checkbox"/> Overly timid <input type="checkbox"/> Cries easily
	<b>High-level Concerns</b>		
<input type="checkbox"/> Fighting/physical aggression <input type="checkbox"/> Direct verbal defiance <input type="checkbox"/> Teasing/ bullying peers  Other _____	<input type="checkbox"/> Does not master academics at same rate as peers <input type="checkbox"/> Excessive absences/tardies <input type="checkbox"/> Academically disengaged <input type="checkbox"/> Continuously unprepared for Instruction  Other _____	<input type="checkbox"/> Frequent visits to health office <input type="checkbox"/> Experiencing circumstances that may impact performance (e.g. death in family, homeless, abuse, divorce) <input type="checkbox"/> Self-injury (cutting, head banging) <input type="checkbox"/> Withdrawn/ disengaged from school <input type="checkbox"/> Teased/ bullied by peers Other _____	

Very Successful    Somewhat Successful    Not Successful    Will Implement

<b>OMC Classroom Strategies</b>	<b>Current Second Step Unit:</b> _____				
	Modified strategic teacher proximity (classroom movement)				
	Identified environmental factors & modified environment				
	Specific Rewards & Reinforcers				
	Re-directed & re-taught behavior				
	Provided Structured Choice				
	Established signals (behavioral cues/prompts)				
	Reviewed discipline data for patterns and trends				
	Met with team/student to identify additional support such as a behavior contract				
	Collaborated with: <input type="checkbox"/> team <input type="checkbox"/> admin				
	Communicated parents/ guardians (log)				
OTHER:					

<b>TEACHER REC.</b>	<b>School-Wide PBIS Expectation to be Addressed</b> (name the one): <input type="checkbox"/> _____
	<input type="checkbox"/> More time needed with Tier 1 interventions and monitor progress <input type="checkbox"/> Behavior Improved since Assessment <input type="checkbox"/> Continue Current Interventions (SpEd) <p style="text-align:center;">Recommend T2 / T3 Intervention    <input type="checkbox"/> Academic    <input type="checkbox"/> Behavior</p>

**IF YOU ARE REQUESTING INTERVENTIONS---- TURN PAGE AND FILL OUT STEP REQUEST FORM**

Chino Valley Unified School District

**STEP REFERRAL FORM**

<b>Age:</b>	<b>Birth Date:</b>	<b>Parent/s:</b>	<b>Home/Cell Phone Number:</b>
<b>Home Language:</b>	<b>Overall ELPAC Level:</b>	<b>ELL:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Previous SST or STEP Team Dates:</b>
<b>Has student been retained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Office Discipline Referrals (ODR):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b># ODR:</b> _____ <b># Minors:</b> _____		<b>Current Attendance:</b> Absences: _____ Tardies: _____
<b>Current supports:</b> <input type="checkbox"/> 504 Plan <input type="checkbox"/> IEP <input type="checkbox"/> BIP <input type="checkbox"/> ERMHS <input type="checkbox"/> Outside counseling <input type="checkbox"/> Academic Intervention			
<b>Hearing Pass:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Vision Pass:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Health Concerns:</b>		<b>Areas of Concern:</b> <input type="checkbox"/> Academic <input type="checkbox"/> Behavioral <input type="checkbox"/> Language

<b>STUDENT STRENGTHS</b>	<input type="checkbox"/> Academic Skills	<input type="checkbox"/> Enthusiastic	<input type="checkbox"/> Physical Strength
	<input type="checkbox"/> Artistic	<input type="checkbox"/> Hard Worker	<input type="checkbox"/> Positive Social Skills
	<input type="checkbox"/> Attentive	<input type="checkbox"/> Highly Articulate	<input type="checkbox"/> Sense of Humor
	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Leadership Skills	<input type="checkbox"/> Tries/Attempts Tasks
	<input type="checkbox"/> Courteous	<input type="checkbox"/> Likes School	<input type="checkbox"/> Tries/Attempts Tasks
	<input type="checkbox"/> Confident	<input type="checkbox"/> Listens Effectively	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Coordination Skills	<input type="checkbox"/> Patience	<input type="checkbox"/> Other _____
What motivates POSITIVE BEHAVIOR for this student?			

Who does the student's problem behavior(s) affect?  Him/Herself  Peers  Teacher  Others

<b>MTSS-A</b> *if applicable	<b>Academic Areas of Concern</b>		
	<b>Reading</b> <input type="checkbox"/> reading readiness <input type="checkbox"/> phonological awareness <input type="checkbox"/> syllabication <input type="checkbox"/> word patterns <input type="checkbox"/> word attack/structural analysis <input type="checkbox"/> fluency <input type="checkbox"/> reading comprehension	<b>Writing</b> <input type="checkbox"/> handwriting (control, attend to/recall shapes & processes) <input type="checkbox"/> spelling (phonetics, linguistic rules, irregularities, reading & decoding) <input type="checkbox"/> expression (composition) <input type="checkbox"/> fluency	<b>Math</b> <input type="checkbox"/> number sense <input type="checkbox"/> memory & strategy <input type="checkbox"/> comprehension for: conceptual understanding & word problems <input type="checkbox"/> language/communication skills (read, write, discuss)

<b>MTSS-B</b> *if applicable	Clearly define the problem behavior. (What do you SEE and HEAR the student doing?)	
	<b>WHEN, WHERE and WITH, WHOM</b> Are Problem Behaviors Most Likely?	
<b>Possible Function of the Problem Behavior:</b>		
	<input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain peer attention <input type="checkbox"/> Obtain tangible/activity <input type="checkbox"/> Obtain stimulation/sensory	<input type="checkbox"/> Escape/avoid adult attention <input type="checkbox"/> Escape/avoid peer attention <input type="checkbox"/> Escape/avoid tangible/activity <input type="checkbox"/> Escape/avoid stimulation/sensory

