**Student Success Form**

*(Please complete this before referring to Ms. McMeekin or the Student Success Team. Return to Kristen Sholes when complete.)*

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Birthday: \_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the student in Special Education, Title, or Speech? (Please circle any that apply.)**

**Reason for Concern (check all that apply and circle pertinent examples)**

\_\_\_\_\_ **Attendance Concerns** (Absences, tardies, frequent visits to restroom, nurse, counselor)

\_\_\_\_\_ **Academic Concerns** (Drop in grades, poor test scores, homework completion, Decrease class participation, cheating, unprepared for class, difficulty retaining new information, reading below grade level, math below grade level) \***If academics are a concern, please list current grades. Please be specific.**

\_\_\_\_\_ **Behavior Concerns** (Easily frustrated, verbally abusive, outbursts of anger, physically hurting others, denies responsibility, repeated violation of rules, obscene language, disliked by peers, lying, makes threats)

\_\_\_\_\_**Physical Concerns** (Noticeable change in weight, body image issues, sleeping in class/fatigue, self-abuse, poor hygiene, has smoke/urine odor, disoriented, vision/hearing issues, seems hungry)

\_\_\_\_\_ **Home or Family Concerns** (Tough home life, dislikes home, homeless, absence of caregiver, family stressors, recent death of family member or close friend, recent divorce or separation)

\_\_\_\_\_\_ **Parent/Guardian Contact** (If a student is being referred for additional support through Ms. McMeekin, the Student Success Team will make the contact. If you are referring for any other reason, please contact the parent and document it)

**Additional info:**