

*Student Version (K-3)*

# CARE Team Referral Tier 1

La Pryor ISD

Student Name	ID#	Date of Birth	Date
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### Contact Information

Parent/Guardian Name		Language Spoken at Home	
Grade	Teacher(s) Name(s)		
Home Telephone		Parent Mobile Phone	

### My Concerns (In your own words, describe what you would like help with.)

Have you talked to your parent about your concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you talked with anyone about your concern? <input type="checkbox"/> No <input type="checkbox"/> Yes, Who?

### What has been done so far to help you? (Put a check ✓ next to things that helped you.)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please attach any information you think might be helpful in understanding your concern (e.g., quizzes, tests, homework assignments, etc.).

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**L a P r y o r I S D**

**About Me:** (Check ✓ all that apply)

- |                                                                     |                                                                             |                                                                                                  |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am happy.                                | <input type="checkbox"/> I find things funny.                               | <input type="checkbox"/> I am a good setting an example for others to follow.                    |
| <input type="checkbox"/> I am a hard worker.                        | <input type="checkbox"/> I know how to make other people laugh.             | <input type="checkbox"/> If there is a problem that I have, I know how to handle it.             |
| <input type="checkbox"/> People can give me things to take care of. | <input type="checkbox"/> I am helpful in the classroom and at home.         | <input type="checkbox"/> I am good at sports – running, baseball, basketball, football, dancing. |
| <input type="checkbox"/> I work well in groups.                     | <input type="checkbox"/> I do what I am told to do.                         | <input type="checkbox"/> I am good looking.                                                      |
| <input type="checkbox"/> I work well by myself.                     | <input type="checkbox"/> I come up with new and interesting ideas.          | <input type="checkbox"/> I am good at math.                                                      |
| <input type="checkbox"/> I speak nicely to my teachers and parents. | <input type="checkbox"/> I am good at drawing and/or painting.              | <input type="checkbox"/> Other _____                                                             |
| <input type="checkbox"/> I finish my work.                          | <input type="checkbox"/> I am good at singing and/or playing an instrument. |                                                                                                  |
| <input type="checkbox"/> I want to do a good job.                   | <input type="checkbox"/> I am good at coming up with stories.               |                                                                                                  |
| <input type="checkbox"/> I keep my stuff at school neat.            |                                                                             |                                                                                                  |
| <input type="checkbox"/> I know where my papers are at school.      |                                                                             |                                                                                                  |

**I have difficulty:** (Check ✓ all that apply)

- |                                               |                                              |                                               |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Getting good grades  | <input type="checkbox"/> Writing assignments | <input type="checkbox"/> Working by myself    |
| <input type="checkbox"/> Finishing my work    | <input type="checkbox"/> Reading             | <input type="checkbox"/> Working with others. |
| <input type="checkbox"/> Following directions | <input type="checkbox"/> Doing math          | <input type="checkbox"/> Sitting still        |
| <input type="checkbox"/> Remembering Things   | <input type="checkbox"/> Studying for tests  | <input type="checkbox"/> Other _____          |

**Behaviors I need help to stop doing:** (Check ✓ all that apply)

- |                                                                                     |                                                                                                   |                                                                |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Physically hurting people (e.g., hitting, throwing things) | <input type="checkbox"/> Destroying property (e.g. breaking things, scratching desks, etc.)       | <input type="checkbox"/> Annoying people (e.g. bugging people) |
| <input type="checkbox"/> Saying mean things (e.g., making threats, swearing).       | <input type="checkbox"/> Being easily distracted (e.g. not being able to pay attention in class.) | <input type="checkbox"/> Giving up easily                      |
| <input type="checkbox"/> Bullying/Picking on others                                 | <input type="checkbox"/> Arguing                                                                  | <input type="checkbox"/> Being late to school                  |
| <input type="checkbox"/> Getting mad easily                                         |                                                                                                   | <input type="checkbox"/> Missing a lot of school days          |
| <input type="checkbox"/> Being shy(e.g. having a hard time talking to new people)   |                                                                                                   | <input type="checkbox"/> Other _____                           |

**Other Comments**