



Student Follow-Up and Recommendations

Student I.D. Number: _____ Classroom Teacher: _____

Below are recommendations for your child/student based on results from the following:

<input type="checkbox"/> Social, Academic, & Emotional Behavior Risk Screener	<input type="checkbox"/> Teacher/Administrator Recommendation
<input type="checkbox"/> Office Disciplinary Referrals	<input type="checkbox"/> Classroom Observation by PBIS District Coach

*Recommendations are to be discussed in detail with student/child's teacher and parent to address questions

Academic Recommendations:

Child/Student is at risk for *Academic Behavior Problems* – student displays behaviors that limit his/her ability to be prepared for, participate in, and benefit from academic instruction.

<input type="checkbox"/> Peer to Peer Tutoring/ Academic Buddy	<input type="checkbox"/> Afterschool/Adult Tutoring	<input type="checkbox"/> Parent/Teacher/Admin. Conference
<input type="checkbox"/> A desk close to the instructor	<input type="checkbox"/> Additional Academic Praise and Encouragement	<input type="checkbox"/> Level Appropriate Coursework
		<input type="checkbox"/> Small Group/Individual Testing

Notes: _____

Social Recommendations:

Child/Student is at risk for *Social Behavior Problems* – student displays behaviors that limit his/her ability to maintain age appropriate relationships with peers and adults.

<input type="checkbox"/> Older Student Peer Mentoring	<input type="checkbox"/> Social Learning Lessons (worksheets/exercises)	<input type="checkbox"/> Parent/Teacher/Admin. Conference
<input type="checkbox"/> A desk close to the instructor/away from distractions	<input type="checkbox"/> Additional Social Praise and Encouragement	<input type="checkbox"/> Assigned social/behavioral buddy

Notes: _____

Emotional Behavior Recommendations:

Child/Student is at risk for *Emotional Behavior Problems* – student displays actions that limit his/her ability to regulate internal states, adapt to change, and respond to stressful/challenging events.

<input type="checkbox"/> Relaxation/Emotional Expression Lessons (worksheets/exercises)	<input type="checkbox"/> Referral to Mental Health Prof./Social Worker	<input type="checkbox"/> Parent/Teacher/Admin. Conference
<input type="checkbox"/> Meeting with the Counselor	<input type="checkbox"/> Additional Emotional Praise and Encouragement	<input type="checkbox"/> Assigned positive support buddy

Notes: _____

Notes: _____

Form completed by: _____

Printed Name

Signature

Date