



Truman TLC Form

Confidential: For Counselor/Administrator file **only**. This should **not** be placed in the student's permanent file.

Student's Name _____

Student's Team _____

Student's Assistant Principal _____

Priority 1 2 3 4 5 (1 = needs immediate intervention - 5 = monitor)

Please fill in the following information and have the at-risk counselor, social worker, recovery room facilitator, resource officer, attendance secretary and/or nurse add any additional information or reports that are helpful. Thank you for your help!

Reason for Referral

- | | |
|---|---|
| <input type="checkbox"/> Poor Academic Skills | <input type="checkbox"/> Risk for Substance Abuse |
| <input type="checkbox"/> Personal or Family Issues | <input type="checkbox"/> Chronic Underachievement |
| <input type="checkbox"/> Poor Attendance or Truancy | <input type="checkbox"/> Chronic/Serious Discipline Referrals |
| <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Removed from Special Education |
| <input type="checkbox"/> IEP or 504 (Circle) | <input type="checkbox"/> Referred for Long Term Suspension |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Health related issues |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Chronic peer conflict |
| <input type="checkbox"/> Anger Control Issues | <input type="checkbox"/> Sexual Misconduct |
| <input type="checkbox"/> Interest in Gang Activities | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Transient | <input type="checkbox"/> Chronic Wandering |
| <input type="checkbox"/> Second Language Spoken in home | <input type="checkbox"/> Custody Issues |

Other- please explain: _____

Middle School Interventions

- | | |
|---|---|
| <input type="checkbox"/> Case Manager/Mentor | <input type="checkbox"/> Daily triage with staff |
| <input type="checkbox"/> After-school tutoring/activities | <input type="checkbox"/> Team study hall |
| <input type="checkbox"/> After-school program | <input type="checkbox"/> Team Shutdown |
| <input type="checkbox"/> Email contact with home | <input type="checkbox"/> Weekly report home |
| <input type="checkbox"/> Use agenda | <input type="checkbox"/> Recovery Room |
| <input type="checkbox"/> Independence Plan/ CStar | <input type="checkbox"/> Social Worker/FSL/DJO/DFS (Circle support) |
| <input type="checkbox"/> Hall restriction | <input type="checkbox"/> Team focus |
| <input type="checkbox"/> Truancy Court Referral | <input type="checkbox"/> Community Resource (_____) |
| <input type="checkbox"/> Hot-lined | <input type="checkbox"/> Custody Issues |
| <input type="checkbox"/> Court Involvement | <input type="checkbox"/> Support Group Member |

*** Please circle interventions you recommend we continue.**

Additional helpful information: (i.e. any contracts signed with student, best time to contact parent)

***Please attach any reports (i.e. conduct, academic) that will be helpful.**
