

Northgate High School  
**CARE TEAM**

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I have tried the following with this student:

	Yes	No	Comments
Conference with student			
Phone call home			
Progress report			
Extra help during study session			
Contract with student			

Please describe your concern for this student:

**For office use only**

**Outcome of Referral:**

**List of Interventions:**

- SST meeting
- Referral to crisis counselor
- Referral to school psychologist
- Other \_\_\_\_\_
- Peer tutoring
- Study session with teacher

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_