

Teacher Nomination Form

Student Name: _____ Grade: _____

Team/Referral Person: _____ Does the student have an IEP? Y / N

Check In Check Out Nomination:

CICO Manager will be: _____

What is the foremost concern for the student? (Circle one)

Externalizing Behavior Internalizing Behavior Academic

Tell us why this student would benefit from Check In Check Out:

Mentorship Group Nomination (Apollo/Athena):

Tell us why this student would benefit from having a high school student mentor:

In order to help match our students with a mentor that would be a good fit we want to know a little more about them. Please provide us with some information about your student referral.

What are some interests/ activities do you like to do with other people?

For use by the PBIS Tier II Team

<input type="checkbox"/> Attendance concerns	<input type="checkbox"/> ODR's	<input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Unproductive in class	<input type="checkbox"/> Difficulty with peers/adults	<input type="checkbox"/> Failing grades