

Nomination Information Form

Student: _____ **Date:** _____ **#School days to date:** _____

Please attach if available: ___ Student's Daily Schedule ___ Most Current Report Card ___ Attendance Record ___ Current IEP/504

Observation: Best times/places for someone to observe the student (as needed):

Places: _____
 Monday ___ - ___ Tuesday ___ - ___ Wednesday ___ - ___ Thursday ___ - ___ Friday ___ - ___

Concern Type:

(check only concerns that are currently impacting, or will likely soon impact, academic or social progress)

Attendance / Health Concern: <input type="checkbox"/> Absences (# days to date: ___) <input type="checkbox"/> Tardies <input type="checkbox"/> Skips <input type="checkbox"/> Suspensions (# days to date: ___) <input type="checkbox"/> Sleep concerns <input type="checkbox"/> Energy too high or too low (circle) <input type="checkbox"/> Eating or nutrition concerns <input type="checkbox"/> Absence Due to Medical/ Health Concern <input type="checkbox"/> Absence Due to Mental Health Concern <input type="checkbox"/> A Medical/ Health Concern that hasn't resulted in excessive absences: _____ <input type="checkbox"/> Physical complaints <input type="checkbox"/> Hygiene <input type="checkbox"/> Other: _____	Social Behavior or Social Skills Concerns: <input type="checkbox"/> Peer Conflicts <input type="checkbox"/> Exploits Peers <input type="checkbox"/> Justifies Causing Harm <input type="checkbox"/> Adult Conflicts <input type="checkbox"/> Disrespectful, Non-Compliant or Oppositional with Adults <input type="checkbox"/> Social Misperceptions <input type="checkbox"/> Easily Manipulated <input type="checkbox"/> Inflexible (can't 'go w/ the flow') <input type="checkbox"/> Socially Isolated, Withdrawn, or Uncomfortable <input type="checkbox"/> Non-communicative <input type="checkbox"/> Excessively shy <input type="checkbox"/> Disruptive in Class <input type="checkbox"/> Trouble Building Relationships <input type="checkbox"/> Other _____	Emotional Self-Management Concerns: <input type="checkbox"/> Managing Stress or Anxiety <input type="checkbox"/> Managing Anger/Frustration <input type="checkbox"/> Managing Sadness or Depression <input type="checkbox"/> Fluctuating Mood <input type="checkbox"/> Guilt, Shame or Self-Disdain <input type="checkbox"/> Self-Abuse <input type="checkbox"/> High Defensiveness <input type="checkbox"/> Tantrums <input type="checkbox"/> Explosive (rage) <input type="checkbox"/> Emotional Shut-down (non-communicative) <input type="checkbox"/> High # Nurse Visits for Emotional Support <input type="checkbox"/> High # Use of Counseling <input type="checkbox"/> Other: _____	Academic Concerns: <input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Expressive Language/Communication Skills <input type="checkbox"/> Receptive Language Skills <input type="checkbox"/> English 2 nd Language <input type="checkbox"/> Numeracy <input type="checkbox"/> HW Completion <input type="checkbox"/> Disengaged Academically <input type="checkbox"/> Failing Grades <input type="checkbox"/> Other: _____	Executive Skill Concerns: <input type="checkbox"/> Organization <input type="checkbox"/> Sustaining Attention <input type="checkbox"/> Distractibility <input type="checkbox"/> Inhibiting Responses (impulsivity) <input type="checkbox"/> Planning or Prioritizing <input type="checkbox"/> Initiating Tasks (getting started) <input type="checkbox"/> Completing Tasks <input type="checkbox"/> Time Management <input type="checkbox"/> Handling Change/Transitions <input type="checkbox"/> Other: _____	Prevalent Function of Behavior in Problematic Contexts: <input type="checkbox"/> Gain Adult Attention <input type="checkbox"/> Gain Peer Attention <input type="checkbox"/> Avoid/Escapes Task <input type="checkbox"/> Gain Power or Control <input type="checkbox"/> Avoid/Escapes Adult Attention <input type="checkbox"/> Avoid/Escapes Peer Attention <input type="checkbox"/> Access or Escape Sensory Input (sensory dysregulation) <input type="checkbox"/> Access to Something Tangible <input type="checkbox"/> Access to a Desired Activity <input type="checkbox"/> Other: _____
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Level of Concern:

Rate High, Medium, or Low based on the importance of addressing the concern for this student

Attendance/ Health Concern: ___ High ___ Medium ___ Low	Social Behavior or Social Skills Concern: ___ High ___ Medium ___ Low	Emotional Management Concern: ___ High ___ Medium ___ Low	Academic Concern: ___ High ___ Medium ___ Low	Executive Skills Concern: ___ High ___ Medium ___ Low	Most Prevalent Function of Behavior (Behavioral Motivator): _____ _____
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Prioritize the concern categories for this student:

1 is the primary concern to address; 6 is the least important to address

Attendance/ Health: _____	Social Behavior _____	Emotional Self-Management _____	Academic _____	Executive Skills _____	Function of Behavior: _____
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Testing Results (Include Dates):

• AIMS Web: Date: _____ Results: _____ • Smarter-Balanced: Date: _____ Results: _____

Behavioral/ Stress Data:

____ # SWIS Office Disciplinary Referrals (Majors) _____ Frequent 'Minors' (check if a concern)

____ Particular location/subject/activity/context of concern: _____

Specific Stressors: _____

Transitions:

____ Concerns about school arrival (often seems not ready to start the day)

____ Concerns about class to class transitions (often has difficulty transitioning to new environment)

____ Concerns about in-class transitions (often has difficulty with in-class activity transitions)

____ Concerns about school departure (often unprepared for end of day transition to home/bus)

Family:

• **Family Cultural Information:** ____ Language or Communication Needs: _____

____ Other important cultural information: _____

____ Homeless _____ **Unique Home Environment Needs: Describe on separate paper**

Who has been spoken to or consulted with pertaining to the concerns?

____ Parent(s)/Guardian(s) ____ Collaborating Teacher(s) ____ Specialist (_____) ____ Tier 2 Team

____ Counselor ____ Administrator ____ Community Service Provider (_____) _____

____ Other (_____) _____

Which Strategies Have Been Effective, Ineffective and or Not Tried?:

E=Effective

P=Partially Effective

I=Ineffective

NT=Not Tried

Accommodations and Support Strategies: ____ Changed seating ____ Extra checks for understanding
____ Assure task expectations match student skills ____ Extra time ____ Reduce work volume ____ Reduce # items on page
____ Break assignments into small segments ____ Specific visual cues and reminders ____ Conference with student
____ Notify parents ____ Work with or provide support for parents ____ Small Group Instruction ____ Alternate Options for Instruction or Assessment: describe: _____

Extra academic assistance: ____ Adult tutorial ____ Peer tutorial support ____ Re-teach lessons
____ Review assigned tasks for understanding ____ Modified/changed assignments to match student skills
____ Other: _____

Emotional/ Behavioral/Sensory Support:

____ Incentives for positive behavior ____ Consistently acknowledge effort ____ Frequent check-in
____ Teach expected behaviors ____ Ignore problematic behavior ____ Validation of feelings
____ Model/practice expected behavior ____ Guidance consultation ____ Loss of privileges
____ Movement or Sensory Breaks ____ Verbally remind student of expected behavior
____ Provide tangible or non-verbal reminders ____ Matching Personality and Teaching Style to Student Needs
____ Office referrals (disciplinary system) ____ FBA/BSP (include past history)

____ Other: _____

____ Medications are currently prescribed for emotional or behavioral support (if known): ____ Yes ____ No

Supports that have been provided in school (past and present):

____ Tier 2 Intervention(s) (_____) ____ 504 Accommodations (attach past history)

____ IEP (attach) ____ OT ____ Title 1 (include past history) ____ Speech & Language ____ PT ____ Homework Help

____ In-school Counseling (with who: _____) ____ Enrichment ____ Grade repeated(____)

____ Nurse supports: _____ Other: _____

Student Goals, Values, Strengths, Talents or Interests:

Adult Perspective:

Student Perspective (From Self-Assessment):