

ATLAS ALP Application: Teacher Form

Teacher's Name: _____ Date: _____

Name of student being referred: _____

1. Has a parent been contacted regarding your concerns? Yes _____ Date: _____

No _____

2. Type of concern:

Learning _____

Emotional concerns _____

Homework completion concerns _____

Motivational concerns _____

Behavioral concerns _____

Social skill concerns _____

Attendance/ Tardy concerns _____

Chemical concerns _____

3. Please state specific concerns you have regarding this student.

4. Student strengths:

5. Please list the interventions/ accommodations tried in detail, as well as the outcome: 2-3 in the area of concern:

Math:

Date Started: _____ Finished: _____

Reading:

Date Started: _____ Finished: _____

Behavior:

Date Started: _____ Finished: _____

Attention:

Date Started: _____ Finished: _____

6. Has the student been placed in inclusion or para supported hours if there are academic concerns?

yes _____ no _____

Did it help?

7. How do you think ATLAS will help?