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| I-Connect Student  Nomination Form | | | |
| Student Name: |  | Date: |  |
| Grade: |  | Teacher/  Advisor: |  |

**Referral:**

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| --- |
| Describe student’s current strength and needs: |

|  |  |  |  |
| --- | --- | --- | --- |
| Does this student…. | Yes | No | Please describe (as needed) |
| Have difficulty paying attention in class? |  |  |  |
| Require frequent redirection to stay on task? |  |  |  |
| Engage in behaviors that interrupt their learning? |  |  |  |
| Engage in behaviors that interrupt others’ learning? |  |  |  |
| Have difficulty completing their work? |  |  |  |
| Have difficulty understanding the work provided? |  |  |  |
| Seem to seek the attention of the teacher? |  |  |  |
| Have trouble shifting attention between tasks? |  |  |  |
| Have trouble transitioning away from technology? |  |  |  |
| Have a history of mis-use of technology? |  |  |  |

**Determination**

|  |  |
| --- | --- |
| Is this student a good candidate for I-Connect? Yes / NO | |
| Suggested Mentor: |  |
| Suggested duration: |  |
| Suggested times: |  |