I-Connect Student Nomination Form

Student Name:		Date:	
Grade:		Teacher/ Advisor:	

Referral:

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:	