

**Weslaco Independent School District**  
**Special Education Department**  
 103 S. IOWA Weslaco, TX 78596  
 Phone (956)969-6822 Fax (956) 969-6965

Attachment U

**Counseling Services Checklist**

Student/Estudiante: _____	D.O.B./Fecha de Nacimiento: _____
ID #: _____	Campus/ Escuela: _____

\*To be completed by ARD Committee

<b>ATTEMPTED CAMPUS INTERVENTIONS:</b>	<b>Y or N</b>	<b>RESULTS</b>
Individual Counseling		
Group Counseling		
Parent Intervention		
Teacher/Staff Training		
Administrative Conferences		
<b>Specific Student Interventions:</b> *Attendance <input type="checkbox"/> *Retreats <input type="checkbox"/> *CARS <input type="checkbox"/> *BIP <input type="checkbox"/> *Ropes <input type="checkbox"/> *Project Pass <input type="checkbox"/> *Contract <input type="checkbox"/> *Other _____		
Additional Strategies		

*Note: At least 5 strategies listed should have occurred before student is eligible for referral*  
**Comments:**

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Person completing form: \_\_\_\_\_ Date: \_\_\_\_\_