

STUDENT REFERRAL/INFORMATIONAL FORM

Date of Referral: _____

Student's Name: _____ Grade: _____ Birth Date: _____

Referred by: _____ Referring Person's Relationship to Student _____

Teacher (filling out this form) : _____

Please check all behaviors/concerns that apply:

<u>CLASS PERFORMANCE</u>	<u>SCHOOL PERFORMANCE</u>	<u>POSITIVE OBSERVATIONS</u>
<input type="checkbox"/> One or more years behind in basic skills/academic achievement. <input type="checkbox"/> Does not complete in-class work <input type="checkbox"/> Does not complete/turn in homework <input type="checkbox"/> Significant discrepancy between ability and actual achievement <input type="checkbox"/> Change in classroom participation	<input type="checkbox"/> Absent _____ days a week/ _____ days a month <input type="checkbox"/> Tardy _____ days a week/ _____ days a month <input type="checkbox"/> Visits Nurse's Office _____ days a week/ _____ days a month <input type="checkbox"/> Falls asleep in class _____ days a week/ _____ days a month	<input type="checkbox"/> Likes school <input type="checkbox"/> Family Support <input type="checkbox"/> Helpful to others <input type="checkbox"/> Tries hard <input type="checkbox"/> Kind and Friendly <input type="checkbox"/> Curious; enjoys learning <input type="checkbox"/> Polite/respectful <input type="checkbox"/> Intelligent/capable student Others: _____
<u>DISRUPTIVE BEHAVIOR</u>	<u>UNUSUAL BEHAVIOR</u>	<u>PHYSICAL SYMPTOMS</u>
<input type="checkbox"/> Refuses to comply with directions/requests <input type="checkbox"/> Won't stay seated <input type="checkbox"/> Blames others <input type="checkbox"/> Tells Lies <input type="checkbox"/> Calls out in class <input type="checkbox"/> Cheating <input type="checkbox"/> Needs to be redirected _____ times a day	<input type="checkbox"/> Temper tantrums (i.e. throws self to ground, kicks, screams, etc.) <input type="checkbox"/> Cries with little to no provocation <input type="checkbox"/> Talks freely about sex <input type="checkbox"/> Withdrawn; secluded <input type="checkbox"/> Easily distractible <input type="checkbox"/> Change in student-teacher rapport	<input type="checkbox"/> Noticed changes in appearance <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Frequent injuries <input type="checkbox"/> Frequent physical complaints <input type="checkbox"/> Increased agitation <input type="checkbox"/> Decreased motor activity/appears tired
<u>PHYSICALLY AGGRESSIVE</u>	<u>VERBALLY AGGRESSIVE</u>	<u>OTHER COMMENTS:</u>
<input type="checkbox"/> Hits - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Kicks - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Pushes - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Pinches - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Bites - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Uses obscene gestures	<input type="checkbox"/> Yells at - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Calls Names - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Tells Lies - <input type="checkbox"/> peers <input type="checkbox"/> adults <input type="checkbox"/> Uses obscene language Other: _____	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p align="center">OVER-----></p>

When and where do these concerns (re. table on opposite page) occur? ---i.e. in class, at home, on playground...

When are these concerns less prevalent (i.e. during art, P.E., at recess, when playing alone)?

Known Family Stressors?

Please check behavior strategies that have been employed; and length of time utilized:

- | | | |
|---|-------------------|-----------------|
| <input type="checkbox"/> Used private signals for reminders | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Assigned preferential seating | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Employed teacher proximity | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Utilized positive reinforcement incentives | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Gave reminders of expected behaviors prior to transition | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Assigned student to a safe place when he/she became frustrated | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Used calming or relaxing techniques | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Let the student take a break and/or walk | Start Date: _____ | End Date: _____ |
| <input type="checkbox"/> Strategies NOT applicable to the student's situation | Start Date: _____ | End Date: _____ |

Does the student have an IEP?	YES	NO	UNKNOWN
Does the student have a 504 Plan?	YES	NO	UNKNOWN
Has the teacher contacted the parent/guardian and suggested school counseling?	YES	NO	

(If not, please contact the parent/guardian and discuss counseling if you are the referring party)

Does the parent/legal guardian give permission for student to be seen by a counselor? YES NO UNKNOWN

Administrator/Principal's Signature: _____ Date: _____