School Staff Referral Form

Name of student: ____________________________________________________________

Your name: ________________________________________________________________

Relationship to student: __________________________________________________

The school’s problem-solving team may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: ____________________  Best time to contact: _________________________

Area of concern (please describe):

☐ Academic Concerns:
☐ Behavioral Concerns:
☐ Social Concerns:
☐ Emotional Concerns:
☐ Physical Health Concerns:
☐ Family Concerns:
☐ Other: ______________________

Behavioral concerns (please mark all boxes that apply):

☐ Exposed to community violence, other trauma
☐ Nightmares, intrusive thoughts
☐ Anxious, fearful or irritable mood
☐ Jumpy or easily startled
☐ Avoids reminders of trauma
☐ Aggressive
☐ Sexualized play or behaviors
☐ Difficulty concentrating
☐ Talks excessively
☐ Gets out of seat and moves constantly
☐ Interrupts and blurs out responses
☐ Inattentive, distractible, forgetful
☐ Disorganized, makes careless mistakes
☐ Angry towards others, blames others
☐ Fights and is aggressive
☐ Argumentative and defiant
☐ Sad, depressed or irritable mood
☐ Hopelessness, negative view of future
☐ Low self-esteem, negative self-statements
☐ Difficulty concentrating
☐ Diminished interest in activities
☐ Low or decreased motivation
☐ Anxious and fearful
☐ Worries excessively
☐ Difficulty sleeping
☐ Restless and on edge
☐ Specific fears or phobias
☐ Difficulty concentrating
☐ Clingy behavior
☐ Appears distracted
How often is this behavior occurring? (e.g., several times per day; 1-2 times per week)


How long has this behavior been occurring? (e.g., several weeks, several months)


To your knowledge, what interventions have previously been tried?
- In school supports:
  
  
  
  
  
- Outside of school supports:
  
  
  
  
  

To your knowledge, what interventions are currently in place?
- In school supports:
  
  
  
  
  
- Outside of school supports:
  
  
  
  
  
What do you think will help the student to experience success?