Self/Peer Referral Form

Date: __________________________________________________________

Your name: ______________________________________________________

Who are you looking for support for?

☐ Myself
☐ Another student at my school

The school’s care team may wish to contact you to understand your concerns better.

☐ Yes, it’s ok to contact me
☐ No, please don’t contact me

Please share the reason you are seeking support for yourself or another student:

______________________________________________________________

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

☐ 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

☐ Talks excessively
☐ Gets out of seat and moves constantly
☐ Interrupts and blurts out responses
☐ Inattentive, distractible, forgetful
☐ Disorganized, makes careless mistakes
☐ Angry towards others, blames others
☐ Fights and is aggressive
☐ Argumentative and defiant

☐ Anxious and fearful
☐ Worries excessively
☐ Difficulty sleeping
☐ Restless and on edge
☐ Specific fears or phobias
☐ Difficulty concentrating
☐ Clingy behavior
☐ Appears distracted

Please share any additional information you would like the care team to know:

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