

Secondary Schools Intervention Team Referral Form

Student Name: _____ Home Language: _____ ID: _____

Grade: _____ Subject/Period: _____ Date Completed: _____

<p><u>Positive Behaviors/Strengths</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Cooperative <input type="checkbox"/> Frequently contributes to class <input type="checkbox"/> Appears self confident <input type="checkbox"/> Displays leadership ability <input type="checkbox"/> Creative <input type="checkbox"/> Popular with classmates <input type="checkbox"/> Happy, easy going <input type="checkbox"/> Skilled in divergent thinking <p><u>Attendance/Truancy</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Skipping <input type="checkbox"/> Chronic Tardiness/Absences <p><u>Physical Behavior/Medical</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sleeping in class, fatigued <input type="checkbox"/> Loss of motor coordination (slurred speech, staggering, etc.) <input type="checkbox"/> Puffy, red glassy eyes, dilated pupils, wears dark glasses <input type="checkbox"/> Continuous cold-like symptoms, sniffing, carrying washcloths <input type="checkbox"/> Tremors, typically in the extremities <input type="checkbox"/> Self-injurious behavior (cutting, burning, etc.) <input type="checkbox"/> Vomiting <input type="checkbox"/> Weight gain or loss <input type="checkbox"/> Marks bruises on arms or legs <input type="checkbox"/> Loss of inhibitions (erratic laughing, inappropriate behaviors, etc.) <input type="checkbox"/> Poor hygiene <input type="checkbox"/> Change in personal appearance <input type="checkbox"/> Frequent physical complaints <input type="checkbox"/> Medication <input type="checkbox"/> Hyperactive <p><u>Emotional Behaviors</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Depressed <input type="checkbox"/> Suicidal ideation or attempt <input type="checkbox"/> Fearful/frightened <input type="checkbox"/> Excessive forgetfulness, disoriented, "spacey" <input type="checkbox"/> Defensive, agitated <input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <p>Please list:</p> <p>Current average/grade in class: _____</p> <p>Number of absences: _____</p> <p>Number of tardies: _____</p> <hr/> <p>Signature of Referring Person _____</p>	<p><u>Academic Behaviors</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Drop in Grades <input type="checkbox"/> Academic failure <input type="checkbox"/> Lack of concentration/motivation <input type="checkbox"/> Frequent request to be out of class <input type="checkbox"/> Incomplete class work/homework <input type="checkbox"/> Disruptive in class <input type="checkbox"/> Cheating in class <input type="checkbox"/> Refusing to complete/do class work <p><u>Social Behaviors</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Constant defiance of rules: discipline problem <input type="checkbox"/> Loss or deterioration in important relationship/death of someone close/divorce <input type="checkbox"/> Change of friends <input type="checkbox"/> Older social group <input type="checkbox"/> Sudden popularity <input type="checkbox"/> Legal problem <input type="checkbox"/> Continuous family conflicts <input type="checkbox"/> Loss of interest or involvement in extracurricular activities <input type="checkbox"/> Domestic violence <input type="checkbox"/> Irresponsibility <input type="checkbox"/> Loitering <input type="checkbox"/> Fighting and arguing <input type="checkbox"/> Carries large amounts of money <input type="checkbox"/> Defying authority <input type="checkbox"/> Inappropriate sexual behavior (harassment, promiscuity, etc.) <input type="checkbox"/> Physical aggression <p><u>Alcohol or Drug Behaviors</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Witnessed</th> <th style="text-align: left; border-bottom: 1px solid black;">Suspected</th> <th style="text-align: left; border-bottom: 1px solid black;">Behavior</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Selling</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Possession</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Possession of paraphernalia</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Use of alcohol, drugs</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Intoxication</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> <td>Smelling of alcohol or marijuana</td> </tr> </tbody> </table> <p><u>List any interventions that have been tried i.e.: PEP, parent conference, behavior report, praise/attention, extra credit, preferential seating. (Please attach documentation)</u></p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 	Witnessed	Suspected	Behavior	_____	_____	Selling	_____	_____	Possession	_____	_____	Possession of paraphernalia	_____	_____	Use of alcohol, drugs	_____	_____	Intoxication	_____	_____	Smelling of alcohol or marijuana
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_____	_____	Selling																				
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