Referral Form for School Staff

Date: _____

Name of student: _____

Your name: _____

Relationship to student: _____

The pathway provider may wish to contact you to discuss your referral concerns. Please provide your contact information and the best time to reach you.

Phone: _____ Email:_____

Best time to contact: _____

Areas of concern (please describe):

- ❑ Academic concerns:
- ❑ Social concerns:
- ❑ Emotional concerns:
- ❑ Physical Health concerns:
- ❑ Family concerns:
- ❑ Behavioral concerns (please mark all boxes that apply):
  - ❑ Exposed to community violence, other trauma
  - ❑ Nightmares
  - ❑ Intrusive thoughts
  - ❑ Jumpy or easily startled
  - ❑ Avoids reminders of trauma
  - ❑ Sexualized play or behaviors
  - ❑ Talks excessively
  - ❑ Gets out of seat and moves constantly
  - ❑ Interrupts and blurts out responses
  - ❑ Inattentive or distractible
  - ❑ Disorganized
  - ❑ Forgetful
  - ❑ Makes careless mistakes
  - ❑ Angry towards others
  - ❑ Blames others
  - ❑ Aggressive
  - ❑ Argumentative and defiant
  - ❑ Sad
  - ❑ Depressed
  - ❑ Irritable mood
  - ❑ Hopelessness, negative view of future
  - ❑ Low self-esteem, negative self-statements
  - ❑ Difficulty concentrating
  - ❑ Diminished interest in activities
  - ❑ Low or decreased motivation
  - ❑ Anxious
  - ❑ Fearful
  - ❑ Worries excessively
  - ❑ Difficulty sleeping
  - ❑ Restless and on edge
  - ❑ Specific fears or phobias
  - ❑ Clingy behavior
- ❑ Other:

Describe the frequency (how often) and duration (for how long) the concerns and/or behaviors have occurred.

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 experience success?

Referral Form for Self or Peer

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 okay 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
- ❑ Jumpy or easily startled
- ❑ Avoids reminders of trauma
- ❑ Sexualized play or behaviors
- ❑ Talks excessively
- ❑ Gets out of seat and moves constantly
- ❑ Interrupts and blurts out responses
- ❑ Inattentive or distractible
- ❑ Disorganized
- ❑ Forgetful
- ❑ Makes careless mistakes
- ❑ Angry towards others
- ❑ Blames others
- ❑ Aggressive
- ❑ Argumentative and defiant
- ❑ Sad
- ❑ Depressed
- ❑ Irritable mood
- ❑ Hopelessness, negative view of future
- ❑ Low self-esteem, negative self-statements
- ❑ Difficulty concentrating
- ❑ Diminished interest in activities
- ❑ Low or decreased motivation
- ❑ Anxious
- ❑ Fearful
- ❑ Worries excessively
- ❑ Difficulty sleeping
- ❑ Restless and on edge
- ❑ Specific fears or phobias
- ❑ Clingy behavior

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

Referral Form for Parent or Guardian

Date: _____

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: _____ Email: _____

Best time to contact: _____

Who does your child live with?

- ❑ Biological parents
- ❑ Adoptive parents
- ❑ Foster parents
- ❑ Relative care
- ❑ Group home
- ❑ Other: _____

Desired language of service?

- ❑ English
- ❑ Spanish
- ❑ Other: _____

Does your child have an individualized education plan (IEP)?

- ❑ Yes
- ❑ No
- ❑ I don't know

Areas of concern (please describe):

- ❑ Academic concerns:
- ❑ Social concerns:
- ❑ Emotional concerns:
- ❑ Physical Health concerns:
- ❑ Family concerns:

❑ Behavioral concerns (please mark all boxes that apply):

- ❑ Exposed to community violence, other trauma
- ❑ Nightmares
- ❑ Intrusive thoughts
- ❑ Jumpy or easily startled
- ❑ Avoids reminders of trauma
- ❑ Sexualized play or behaviors
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- ❑ Forgetful
- ❑ Makes careless mistakes
- ❑ Angry towards others
- ❑ Blames others
- ❑ Aggressive
- ❑ Argumentative and defiant
- ❑ Sad
- ❑ Depressed
- ❑ Irritable mood
- ❑ Hopelessness, negative view of future
- ❑ Low self-esteem, negative self-statements
- ❑ Difficulty concentrating
- ❑ Diminished interest in activities
- ❑ Low or decreased motivation
- ❑ Anxious
- ❑ Fearful
- ❑ Worries excessively
- ❑ Difficulty sleeping
- ❑ Restless and on edge
- ❑ Specific fears or phobias
- ❑ Clingy behavior

❑ Other:

Describe the frequency (how often) and duration (for how long) the concerns and/or behaviors have occurred.

To your knowledge, has your child ever received any supports or interventions for this behavior in the past? If so, when? From whom? What type of supports or interventions?

To your knowledge, is your child receiving any supports or interventions for this behavior currently? If so, what types of supports or interventions? From whom? For how long?

What do you think will help your child experience success?