

## Student Assistance Referral Form

Please complete this form and place in an envelope marked “**CONFIDENTIAL.**”

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Referring Person: \_\_\_\_\_

Reason for Concern (Check all that apply and elaborate below)

Academic performance

Attendance

Destructive behaviors\*

Negative attitudes

Signs/Symptoms of alcohol and other drug use

Possible eating disorder

Difficulty with peers and/or social interactions

Depressed; anxious; isolated; frequent mood swings (circle)

Change in physical appearance

Family/living situation

Health Concerns. Specify: \_\_\_\_\_

Other concerns: \_\_\_\_\_

- \* Violence related behaviors
- Bullying/intimidating
  - Written or spoken expressions of violence
  - Violent or aggressive actions
  - Other violence problems

Please describe the current problem, including your concerns: \_\_\_\_\_

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Please place in envelope marked “CONFIDENTIAL,” label for your school SST or IIT team and give to your health teacher, school nurse, guidance counselor, psychologist, or administrator.