

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: _____

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.