

# Pupil Personnel Services

## Referral Form

Individual Completing Form:  
Student Name:

Relationship: **Teacher**  
Date:

Subject:

(Please help us determine how we can best help this student. Please review the items below and check any that you believe are appropriate for the student. Remember, our goal is to help this student to be successful in school. Thank you for your help!)

### ACADEMIC PERFORMANCE

- Poor/sliding grades
- Turns in little or no homework/class assignments
- Fails tests/quizzes
- Does not participate in class activities
- General decrease in motivation and interest

### HEALTH

- Frequently visits nurse
- Complains of headaches, stomach aches
- Frequent cold-like symptoms
- Appears tired or lacking energy
- Has difficulty staying awake
- Is frequently absent due to illness
- Has frequent or unusual bruises, cuts, or marks on body
- Sudden increase/decrease in weight
- Redened eyes or dazed look

### HOME DIFFICULTIES

- Family issues (death, recent divorce, illness, etc.)
- Parents difficult to engage in conferences
- Other \_\_\_\_\_

### OTHER BEHAVIORS

- Difficulty relating to others
- Blaming others
- Defensive
- Withdrawn
- Nervousness/anxiety
- Seeks constant adult contact
- Change in friends and/or peer group
- Associates with known drug users

### ATTENDANCE

- Frequently absent
- Frequently tardy to class
- Suspended
- Frequently visits counselor, social worker, nurse, lavatory, other (circle what applies)

### SELF-CARE

- Appears unkempt
- Wears clothing inappropriate to season
- Wears clothing inappropriate for school
- Exhibits hygiene problems
- Recent change in physical appearance

### CLASSROOM BEHAVIOR

- Disruptive in class
- Disturbs others
- Inattentive
- Impulsive
- Lack of concentration
- Impaired memory
- Bizarre behavior \_\_\_\_\_
- Negative attitude
- Defiance/breaking rules
- Frequently needs discipline
- Cheating
- Physically aggressive
- Verbally aggressive
- Obscene language, gestures
- Sudden outburst of temper
- Mood swings
- Vandalism
- Drug related graffiti on books, etc.
- Smelling of alcohol or marijuana
- Talks with peers regarding partying, drinking, drug use or gang involvement

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### THIS STUDENT EXHIBITS THE FOLLOWING ASSETS:

#### SUPPORT

- Supportive family
- Utilizes other adults for support
- Student views adults as accessible resources for help
- Student is involved in community activities/church activities

#### SOCIAL COMPETENCE

- Stands up for personal beliefs
- Is good at making friends
- Makes responsible choices
- Can plan ahead
- Feels good about him/herself
- Is optimistic about his/her future
- Student likes to help others
- Student shows concern for other's feelings
- Good sense of humor, funny
- Well-liked, popular
- Is perceived as a leader
- Polite, respectful

#### STUDENT'S INTERESTS OR HOBBIES

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#### EDUCATIONAL COMMITMENT

- Student wants to do well in school.
- Student talks about future plans/goals
- Student's grades are good and assignments are completed.
- Student is consistently punctual and prepared for class.
- Student is creative, curious
- Preferred learning style: \_\_\_\_\_

### The following interventions list is a very important part of this referral.

#### Please check all that you have attempted.

- |   |  |
|---|--|
| <input type="checkbox"/> Reviewed class rules and expectations                      | <input type="checkbox"/> Gave student additional help      |
| <input type="checkbox"/> Kept student after class                                   | <input type="checkbox"/> Set up behavior/grade contract    |
| <input type="checkbox"/> Have assigned student after school detention               | <input type="checkbox"/> Sent behavioral referrals to Dean |
| <input type="checkbox"/> Assigned student to tutor during resource                  | <input type="checkbox"/> Changed seating                   |
| <input type="checkbox"/> Talking to student about concerns/expressed desire to help | <input type="checkbox"/> Phone conversation with parents   |
| <input type="checkbox"/> Family/parent conference                                   | <input type="checkbox"/> Talked to counselor/social worker |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____                       |

**Please comment on any additional strategies or interventions you have used that have had a positive impact on the student (so we can share this information with other teachers).**

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Please fold this form in half and return to the person listed on the envelope provided.