FONDY C.A.R.E.S.

COMMUNITY ACCESS, RESPONDING AND EMPOWERING STUDENTS

Staff Member Referral Form

Student Name: _____ Grade: _____

Your Name: _____ Relationship: _____

Members of the school problem-solving team may reach out to you to gather more information. Please provide your contact information.

Phone #: _____ Email: _____

Best time to contact you: _____

About the Student

Student Strengths:

Does the student have an IEP? (Circle one) Yes No Unsure

Area of Concern: (Please circle all that apply)

Behavioral Emotional Social Other

Please Explain:

How long has this been occuring? (Several months, a few days, etc.:)

→

What are you noticing about this student? (Please check all that apply)

❏ Anxious/fearful ❏ Appears distracted ❏ Clinging to adults ❏ Difficulty sleeping ❏ Difficulty concentrating ❏ Excessive worry ❏ Restless/appears to be on edge ❏ Specific fears/phobias	❏ Decreased motivation ❏ Depressed/sad/irritable mood ❏ Hopelessness/negative view of future ❏ Loss of interest in activities student once enjoyed ❏ Low self-esteem
❏ Aggressive ❏ Avoids reminders of trauma ❏ Exposed community violence ❏ Irritable/anxious mood ❏ Jumpy/hypervigilant ❏ Nightmares/intrusive thoughts ❏ Sexualized play	❏ Angry towards others/blames others ❏ Argumentative ❏ Constantly moving ❏ Defiant ❏ Disorganized ❏ Inattentive/distractible ❏ Interrupts/blurts out responses ❏ Physically aggressive

How often do these behaviors occur? (Several times per day, once per week, etc.)

What interventions have been tried? Were they helpful?

School:

Home:

What interventions are currently in place?

School:

Home:

What do you think would be helpful to the student?

Date received by School Counselor : Initials: