

Parent/Guardian/Family 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 Your Child

Child's Strengths:

Does your child have an IEP?

Yes

No

Unsure

Areas of Concern: (Please check all that apply)

Academic

Behavioral

Emotional

Family

Social

Other

Please Explain:

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

What are you noticing about your child? (Please check all that apply)

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

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

Are there any supports or interventions that your child has received in the past?

School:

Home:

What interventions are currently in place?

School:

Home:

What do you think would be most helpful for your child?

