

Youth First Inc.

Student Assistance Referral Form

Student's Name

Grade

Date

Teacher

Please indicate the actual observed behaviors of the student being referred by checking any boxes below that apply.
 This information is **CONFIDENTIAL**.

SOCIAL BEHAVIORS

- | | | |
|---|---|--|
| <input type="checkbox"/> Well liked by peers | <input type="checkbox"/> Works well in groups | <input type="checkbox"/> Seldom expresses feelings |
| <input type="checkbox"/> Excluded by peers | <input type="checkbox"/> Talks about death/suicide | <input type="checkbox"/> Talks about violence |
| <input type="checkbox"/> Verbally abusive to others | <input type="checkbox"/> Refuses to admit when wrong | <input type="checkbox"/> Talks about sex inappropriately |
| <input type="checkbox"/> Frequently depressed | <input type="checkbox"/> Talks about using drugs or alcohol | <input type="checkbox"/> Other _____ |

FAMILY/HOME

- | | | |
|---|--|---|
| <input type="checkbox"/> Mentions family problems | <input type="checkbox"/> Recent loss in family | <input type="checkbox"/> Sibling problems |
| <input type="checkbox"/> Moving in with relatives | <input type="checkbox"/> Defensive about family | <input type="checkbox"/> Avoids specific relative |
| <input type="checkbox"/> Transportation problems | <input type="checkbox"/> Mentions being left alone | <input type="checkbox"/> Poor hygiene |
| <input type="checkbox"/> Money or health problems in family | | <input type="checkbox"/> Other _____ |

GENERAL BEHAVIOR

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Inconsistent | <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Lies frequently |
| <input type="checkbox"/> Attention seeking | <input type="checkbox"/> Works well with others | <input type="checkbox"/> Inappropriate language | <input type="checkbox"/> Temper outbursts |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Feels picked on | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Threatens aggression | <input type="checkbox"/> Withdraws/isolates | <input type="checkbox"/> Negativity | <input type="checkbox"/> Liked by peers |
| <input type="checkbox"/> Defiant | <input type="checkbox"/> Concerned for others | <input type="checkbox"/> Perfectionist | <input type="checkbox"/> Overachiever |
| <input type="checkbox"/> Destroys property | <input type="checkbox"/> Upset by changes | <input type="checkbox"/> Caught stealing | <input type="checkbox"/> Extreme attempts to please |
| <input type="checkbox"/> Leaves classroom | <input type="checkbox"/> Uses hostile themes in work | | <input type="checkbox"/> Other _____ |

ACADEMIC

- | | | |
|--|---|--|
| <input type="checkbox"/> Extreme dissatisfaction with school | <input type="checkbox"/> High achiever | <input type="checkbox"/> Declining grades/work quality |
| <input type="checkbox"/> Withdraws from classroom activities | <input type="checkbox"/> Caught cheating | <input type="checkbox"/> Often frustrated or gives up |
| <input type="checkbox"/> Fails to bring materials to class | <input type="checkbox"/> Short attention span | <input type="checkbox"/> Lack of motivation/apathy |
| <input type="checkbox"/> Work not completed/handed in | <input type="checkbox"/> Tries hard/good effort | <input type="checkbox"/> Fails to do work in class |
| <input type="checkbox"/> Satisfactory work | <input type="checkbox"/> Parents show interest | <input type="checkbox"/> Repeating this class |
| <input type="checkbox"/> Other _____ | | |

APPEARANCE/HEALTH

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Sleeps in class | <input type="checkbox"/> Lethargic | <input type="checkbox"/> Hyperactive |
| <input type="checkbox"/> Nervous/fidgety | <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Weight loss or gain | <input type="checkbox"/> Preoccupation with weight/size |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Appears depressed | <input type="checkbox"/> Chronic cough/runny nose |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Other _____ | | |

Please describe any strategies you have found helpful with this student.

Other Comments