

INSTEAD CONFIDENTIAL Referral Form

Completing this form is an indication that you are concerned about a Pace Academy student. You are not being asked to label or diagnose. **Referrals are based on concerns you have about a student's behavior and/or health.** If deemed necessary, two members of the INSTEAD team may meet with the referred student about his/her behavior in a completely *non-disciplinary* and *confidential* manner

The information contained in this report is *confidential* and will not become part of the student's permanent record or have any disciplinary consequences. It will be used to determine the student's needs and to help in developing an appropriate plan of action. Although your identity will never be divulged to the student, it is required that you sign your name where indicated on the referral form. INSTEAD never accepts anonymous referrals. A member of the INSTEAD team may need to discuss your concern with you at a later date.

You may return this form in a sealed envelope to Mrs. Sara Eden, US counselor, or return it to one of the INSTEAD team members. You can email the team at INSTEAD@paceacademy.org.

Student being referred: _____ Grade: _____

Please check all of the student's behaviors that concern you. It is also helpful if you comment on your concerns.

Social behavior

- Drinking (please specify frequency and amount)
- Drug use (please specify type, frequency and amount)
- Possession or selling of drugs (specify)
- Talks freely about drugs, brags
- Change in friends or peer group
- Sudden popularity
- Others concerned about his/her behavior
- Mood swings
- Depression, hopelessness
- Fighting
- Verbally abusive
- Withdrawn from friends and faculty
- Missing responsibilities (class, appointments, sports, etc.)
- Other (please specify)

Classroom Conduct

- Excessive or frequent tardiness
- Sleeping in class
- Lack of concentration or motivation
- Disruptive in class
- Sudden outbursts of anger

Comments are helpful:

Physical Condition

- Frequently in Nurse's office
- Poor Hygiene
- Odor of alcohol, marijuana or cigarettes
- Difficulty walking
- Changes in speech pattern
- Excessive fatigue
- Nervous, agitated, trouble sitting still
- Erratic behavior day-to-day

Academic performance

- Decline in quality of work
- Incomplete homework, not done
- Loss of interest in grades/achievement

Your name: _____

Date _____

