

FIT Referral Form
Family Involvement Team

Student Name: _____

Teacher: _____ Grade: _____

Parent/Guardian(s): _____

Is there a sibling at Anderson? Yes No Unknown

If yes, Name _____ Grade _____ Teacher _____

Describe the behavior or situation of concern:

Changes/Behaviors of Concern

- Aggressiveness
- Withdrawn/Few Friends
- Short Attention Span
- Mood Swings
- Flat or Depressed Expression
- Difficulty Getting Along W/ Others
- Change in School Performance
- Change in Eating/Sleeping
- Change in Appearance/Hygiene
- Poor Attendance
- Learning Diff/Poor Study Habits
- Steals Cheats Deceives
- Other _____

Known Family Issues

- Parent Separation
- Parent Divorce
- Death of Loved One
- Departure of Family Member
- Return of Family Member
- Violent Criminal Incident
- Substance Abuse
- Physical Illness
- Mental Illness
- Financial Struggle
- Recent or Upcoming Move

What Outcome Would You Like to See?

Student Strengths

Resources already utilized by student/family that you are aware of.

What Interventions Have You Already Attempted/Put into Place?

Person Submitting Referral: _____ Date _____