

Confidential Referral of Student to Drug/Alcohol Intervention Specialist

For the Intervention Specialist to help a student, it is helpful to know about actual, *observable* behaviors. This form was developed based on a comprehensive Student Assistance Program; a student who exhibits four or five of the following may have a problem. You may only see one or two of the behaviors, but others may see additional pieces of the picture. So please complete this form even if you know of only one behavior issue. The Intervention Specialist will review the form, and you will be notified of any follow-up action. *Thank you* for your referral.

Student: _____ Date: _____

Grade: _____ School: _____

Person Completing this Form: _____

If you wish to remain anonymous, please leave blank, but indicate whether you are:

___ Student ___ Parent ___ Teacher/Support Staff ___ Administrator/Counselor ___ Community Member

Please check behavior(s) you have observed:

GRADES/ACADEMIC PERFORMANCE

- Lower grades or lower achievement
- Academic failure (F's)
- Falling behind in class work
- Lack of motivation, apathy
- Other _____

SCHOOL ATTENDANCE

- Absenteeism
- Suspension(s)
- Tardiness
- Frequent health room visits
- Frequent counselor visits
- Not attending class, but seen in school
- Truancies
- Frequent schedule changes
- Frequent requests to leave the room
- Other _____

EXTRACURRICULAR ACTIVITIES

- Loss of eligibility
- Decreasing involvement
- No involvement
- Dropped out
- Other _____

CRIMINAL/ILLEGAL BEHAVIOR

- Selling drugs, exchanges of money
- Possession of drugs/paraphernalia
- Possession of alcohol
- Evidence of alcohol or illegal drug use
- Involvement in thefts/assaults
- Vandalism
- Carrying weapons
- Smoking
- Other _____

DISRUPTIVE BEHAVIOR

- Defiance of rules, constant discipline problem
- Cheating
- Irresponsibility, blaming, denying
- Verbal/physical abuse of others
- Throwing objects
- Obscene language or gestures
- Dramatic attention getting
- Crying
- Constantly in the wrong area
- Extreme negativism
- Hyperactivity
- Other _____

ATYPICAL BEHAVIOR

- Hanging out in parking lot alone or with friends
- Talking freely about alcohol and other drug use
- Talks constantly of "parties"
- Other students talk about this student's abuse of alcohol and other drugs
- Avoiding contact with others
- Erratic behavior
- Frequently teased and made fun of
- Easily upset
- Change in peer group
- Older social group
- Inappropriate responses or behavior, e.g., affection
- Depressed
- Defensive
- Withdrawn: loner
- Other _____

PHYSICAL SYMPTOMS

- Staggering or stumbling
- Smelling of alcohol, marijuana or tobacco
- Vomiting
- Glassy, bloodshot eyes: dark glasses
- Lack of coordination
- Slurred speech
- Poor hygiene
- Sleeping in class
- Physical complaints
- Physical injuries
- Time disoriented
- Lethargic/blank stares
- Other _____

HOME PROBLEMS

- Talks about family problems
- Runs away
- Lives with someone who is chronically/terminally ill
- Alcohol or other drug problem in the family
- Abuse in the family
- Lives away from home in an unstable situation
- Other _____

SPECIFIC CONCERNS

- Friend or relative has died
- Student has been raped
- Student has been abused
- Difficulty making friends
- Girlfriend is pregnant
- Student is pregnant
- Student is a teen parent
- Talks about hurting him/herself
- Talks about hurting others
- I was contacted by a concerned person about this student
- Current or past hospitalization for drug or emotional problems
- Legal matters, court, probation, etc.
- Other _____

OTHER CONCERNS (Please specify)

POSITIVE ATTRIBUTES AND STRENGTHS

- | | |
|---|---|
| <input type="checkbox"/> Keeps up in school work | <input type="checkbox"/> Maintains grades |
| <input type="checkbox"/> Intelligent | <input type="checkbox"/> Displays leadership skills |
| <input type="checkbox"/> Popular in social situations | <input type="checkbox"/> Shows concern for others |
| <input type="checkbox"/> Artistic and creative | <input type="checkbox"/> Independent/critical thinker |
| <input type="checkbox"/> Aware of wider social issues | <input type="checkbox"/> Understands cause and effect |

Please describe specific behaviors precipitating this referral, including a time frame (is behavior ongoing? recent?)

- ❖ All cases of child abuse must be reported to the Child Protective Services (CPS). Forms are available in the school counseling office.
- ❖ Cases involving suicide, threat of harm to others, or sexual assault must be reported to the parent, and in some cases CPS or local law enforcement.
- ❖ If a school employee suspects that a student is under the influence of alcohol or drugs at school, this needs to be reported to the school administration.
- ❖ This form will **not** be placed in the student's cumulative record or discipline file.

Date Received: _____