



The Mission of STARS

To help young people pursue their unlimited potential by providing hope, health and connection.

www.starsnashville.org

**STARS STUDENT ASSISTANCE REFERRAL FORM
2025-2026**

You may refer a student to STARS when you are observing behaviors that are adversely affecting the student's school performance. Please complete the following and return it to the STARS Counselor/Specialist.

STUDENT _____ GRADE _____

REFERRED BY _____ DATE REFERRED _____

PERIOD STUDENT IS WITH YOU _____

Please provide a brief summary of the reason for the referral:

Do you feel the student would benefit from being in a support group? _____ If so, which of the following presenting problems have you observed?

- ☐ Substance abuse
- ☐ Substance abuse of family members
- ☐ Substance abuse of peers
- ☐ Struggles with school attendance
- ☐ Engaging in aggressive or other negative behaviors
- ☐ Symptoms of depression or anxiety
- ☐ Conflicts with peers or adults
- ☐ Difficulties managing emotions, such as anger or frustration
- ☐ Engagement in risky behaviors
- ☐ Low social connection/support
- ☐ Grief and loss (loss of a friend/family)
- ☐ Divorce/ family changes
- ☐ Low self esteem
- ☐ Challenges with social/ emotional skills
- ☐ Sudden changes in behavior
- ☐ Other

Please explain: _____

What actions have you already taken with this student:

– Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”