

**PLEASE RETURN TO THE COUNSELING OFFICE**

*Confidential*  
**QUEST Initial Referral Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Referring Person's Name \_\_\_\_\_ Date \_\_\_\_\_

**Reason for referral to QUEST:**

\_\_\_\_\_ Learning problems    \_\_\_\_\_ Discipline violations    \_\_\_\_\_ Attendance  
\_\_\_\_\_ Behavior problems    \_\_\_\_\_ Suspected drug/alcohol use    \_\_\_\_\_ Other

Describe the observable, verifiable behaviors that have prompted this referral: i.e. declining grades, disruptive behaviors, failure to complete assignments, frequent talk of partying, etc.

**Interventions**

Fill in the appropriate dates to indicate the steps you have taken to address the behavior(s).

Referral to Discipline _____	Student Conference _____
Referral to Counselor _____	Parent Conference _____
Referral to Nurse _____	Phoned/emailed parent _____
Referred to Principal _____	Student written contract _____
Referred to Behavioral Specialist _____	Student verbal contract _____
Set up behavioral management plan _____	Written notification of student performance sent home _____
Detentions given _____	

**Strengths and Resiliency Factors**

_____ Is creative	_____ Considerate of others	_____ Cooperative
_____ Helps others	_____ Strives to achieve their best	_____ Good interpersonal skills
_____ Constructive use of Time	_____ Exhibits leadership	_____ Good family support
_____ Honest	_____ Accepts criticism	_____ Good communication skills
_____ Connected to school	_____ Responsible	
_____ Commitment to Learning	_____ Good decision making/logic	
	_____ Recognizes and respects boundaries & expectations	

**Other Comments:**