

S.H.A.R.P. Referral Form
Confidential
Request for Intervention
Grades 6th - 12th

Student: _____ **Gender:** _____ **Grade:** _____

Referral Source _____ **D.O.B.:** _____ **I.D. Number:** _____

Counselor: _____ **Date:** _____ **Classified:** Yes / No

Reasons for Concern:

_____ Academic	_____ Depression	_____ Section 504
_____ Attendance	_____ Health/Physical	_____ Substance Abuse
_____ Behavioral/Discipline	_____ Home/Family	_____ Other
_____ O.T./ Speech / P.T.	_____ I&RS / RTI	_____

NOTIFY A COUNSELOR IMMEDIATELY FOR CONCERNS REGARDING POSSIBLE SUICIDAL IDEATION AND DO NOT LEAVE THE STUDENT ALONE

Narrative: Please describe the nature of the concern.

Additional Comments / Interventions: What interventions have been attempted and for what duration.

* Please complete reverse side and attach pertinent data and/or work samples.

Student: _____ Grade: _____ Date: _____

Please check those **patterns of behavior** you have observed.

<p>ACADEMIC</p> <p><input type="checkbox"/> Drop in grades</p> <p><input type="checkbox"/> Academic failure</p> <p><input type="checkbox"/> Inconsistent daily work</p> <p><input type="checkbox"/> Does not follow directions</p> <p><input type="checkbox"/> Decline in motivation</p> <p><input type="checkbox"/> Change in student/teacher relationship</p> <p><input type="checkbox"/> Change in participation</p> <p><input type="checkbox"/> Overly sensitive to criticism</p> <p><input type="checkbox"/> Compulsive over-achiever</p> <p><input type="checkbox"/> Easily frustrated/gives up</p> <p>CLASS ATTENDANCE</p> <p><input type="checkbox"/> Absenteeism</p> <p><input type="checkbox"/> Patterns of absences</p> <p><input type="checkbox"/> Frequent tardiness</p> <p><input type="checkbox"/> In jeopardy of losing credit</p> <p><input type="checkbox"/> Frequent visits to restroom</p> <p><input type="checkbox"/> Frequent visits to nurse</p> <p><input type="checkbox"/> Frequent visits to counselor</p> <p>EXTRACURRICULAR ACTIVITIES</p> <p><input type="checkbox"/> Increased non-involvement</p> <p><input type="checkbox"/> Loss of eligibility</p> <p><input type="checkbox"/> Dropped out of activity</p> <p><input type="checkbox"/> Over extended in activities</p> <p><input type="checkbox"/> Unable to meet deadlines</p> <p><input type="checkbox"/> Misses practice frequently</p> <p>PHYSICAL CONCERNS</p> <p><input type="checkbox"/> Sleeping in class</p> <p><input type="checkbox"/> Frequently fatigued</p> <p><input type="checkbox"/> Impaired coordination</p> <p><input type="checkbox"/> Smells of alcohol</p> <p><input type="checkbox"/> Smells of marijuana</p> <p><input type="checkbox"/> Runny nose and eyes</p> <p><input type="checkbox"/> Poor hygiene</p> <p><input type="checkbox"/> Rapid increase in weight</p> <p><input type="checkbox"/> Rapid decrease in weight</p> <p><input type="checkbox"/> Frequent physical complaints</p> <p><input type="checkbox"/> Burn marks, bruises, or cuts</p> <p><input type="checkbox"/> Slurred speech</p> <p><input type="checkbox"/> Smells of tobacco</p>

<p>CLASSROOM BEHAVIORS</p> <p><input type="checkbox"/> Inattentive</p> <p><input type="checkbox"/> Easily Distracted</p> <p><input type="checkbox"/> Forgetful, disorganized</p> <p><input type="checkbox"/> Defiance of rules</p> <p><input type="checkbox"/> Irresponsible-blaming</p> <p><input type="checkbox"/> Fighting/argumentative</p> <p><input type="checkbox"/> Secretive behavior</p> <p><input type="checkbox"/> Cheating</p> <p><input type="checkbox"/> Dramatic attention getting</p> <p><input type="checkbox"/> Sudden Outbursts</p> <p><input type="checkbox"/> Verbal abuse</p> <p><input type="checkbox"/> Obscene language/gestures</p> <p><input type="checkbox"/> Crying inappropriately</p> <p><input type="checkbox"/> Aggressive</p> <p><input type="checkbox"/> Impulsive</p> <p><input type="checkbox"/> Stealing</p> <p><input type="checkbox"/> Vandalism</p> <p><input type="checkbox"/> Rigid obedience</p> <p><input type="checkbox"/> Extremely negative</p> <p><input type="checkbox"/> Hyperactive or nervous</p> <p><input type="checkbox"/> Excessive demands on teacher</p> <p>SOCIAL BEHAVIOR</p> <p><input type="checkbox"/> Unresponsive to interaction</p> <p><input type="checkbox"/> Easily led by others</p> <p><input type="checkbox"/> Sudden change in peers</p> <p><input type="checkbox"/> Avoidance of others</p> <p><input type="checkbox"/> Refuses to comply with requests</p> <p><input type="checkbox"/> Loner/withdrawn</p> <p><input type="checkbox"/> Seems to feel depressed</p> <p><input type="checkbox"/> Expresses self-destructive thoughts/actions</p> <p><input type="checkbox"/> Dishonesty</p> <p><input type="checkbox"/> Excessive mood swings</p> <p><input type="checkbox"/> Abusive towards others</p> <p><input type="checkbox"/> Expresses fear for self or others</p> <p><input type="checkbox"/> Acts older or younger than actual age</p> <p><input type="checkbox"/> Expresses low self esteem</p> <p><input type="checkbox"/> Erratic behavior changes over time</p> <p><input type="checkbox"/> Violates others' boundaries</p>
--

<p>KNOWN PROTECTIVE FACTORS</p> <p><input type="checkbox"/> Student has a supportive adult present</p> <p>Who? _____</p> <p><input type="checkbox"/> Student participates in school/club activity(ies)</p> <p><input type="checkbox"/> Displays sense of humor</p> <p><input type="checkbox"/> Empathy toward others</p> <p><input type="checkbox"/> Asks for assistance</p> <p><input type="checkbox"/> Stands up to peer pressure</p> <p><input type="checkbox"/> Has realistically high expectations for self</p> <p><input type="checkbox"/> Tolerates change</p> <p><input type="checkbox"/> Has creative outlet(s)</p> <p><input type="checkbox"/> Assertive</p> <p><input type="checkbox"/> Perseveres</p> <p><input type="checkbox"/> Self-motivated</p> <p><input type="checkbox"/> Tolerates frustration</p> <p><input type="checkbox"/> Recognizes own feelings</p> <p><input type="checkbox"/> Aware of positive alternatives</p> <p><input type="checkbox"/> Responsible</p> <p><input type="checkbox"/> Trustworthy</p> <p><input type="checkbox"/> Thinks before acting</p> <p>COMMUNICATION</p> <p>At any prior time have you expressed your concerns with the student's parents?</p> <p><input type="checkbox"/> Yes</p> <p>Phone; date _____</p> <p>E-mail; date _____</p> <p>Conference; date _____</p> <p><input type="checkbox"/> No</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>What is the student's current grade in your class? _____</p> <p>Have you found techniques that work well with this student? _____</p> <p>If so, what are they? _____</p> <p>_____</p> <p>_____</p>
--

Teacher's Name: _____ Date: _____

*Please place this completed form in a sealed envelope and submit to the Counseling Office.