

Burlington High School
Student Referral Forms for the Student Assistance Program

STUDENT: _____

GRADE: _____

REFERRED BY: _____

DATE: _____

STRENGTHS OF THIS STUDENT:

**PLEASE CHECK ALL THE BEHAVIORS THAT YOU
HAVE ACTUALLY OBSERVED:**

Academic Performance:

- Decline in quality of work
- Failure to complete or submit work
- Failure in class

Other Behavior:

- Change in peer groups
- Sudden, unexplained popularity
- Mood swings
- Depression
- Withdrawn
- Other students expressing concern
- Daydreaming
- Talks freely about drugs, bragging
- Erratic behavior
- "Do drug" messages on clothing
- Drawing drug-related pictures
- Cutting, self harm
- Suicide, self harm statements
- Anxiety

Classroom Conduct:

- Poor attendance/frequent tardiness
- Disruptive in class
- Inattentive/lack of concentration
- Sleeping in class
- Impaired memory
- Skipping
- Verbally abusive
- Sudden outbursts of anger
- Frequently leaves class (for nurse,
bathroom, etc)
- Hyperactivity, nervousness

Check what you HAVE done:

- Talked with the student
- Offered to talk with the student
- Sent student to Planning Room
- Parent/guardian conference
- Telephoned parent/guardian
- Possession of alcohol,
tobacco, or other drugs (ATOD)
- Discussed this problem with
who:

Substance Abuse Specific Behaviors Witnessed:

- Physical signs (blood shot eyes, slurred speech, etc)
- Use of ATOD
- Possession of paraphernalia
- Selling and/or delivery of ATOD
- Policy violation

Other Comments/concerns about this student: