



**Student Behavioral Health & Prevention Referral Form**

Q-1. Referral Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Q-2. Referral Source: \_\_\_\_\_

Q-3. Your Position: \_\_\_\_\_

Q-4. Your Phone: \_\_\_\_\_

Q-5. Student's Name: \_\_\_\_\_

Q-6. Age: \_\_\_\_\_ Q-7. DOB: \_\_\_\_\_ Q-8. Grade: \_\_\_\_\_

Q-9. Youth's gender:  Female  Male  Other

Q-10. School: \_\_\_\_\_

Q-11. Race:  American Indian/Alaskan Native  Asian  Black/African American  Hispanic/Latino  
 Native Hawaiian/Other Pacific Islander  White  Two or More Races

**Reason for Referral - Please state details that are important to know about this student:**

From the following, select the major areas of concern for which you are referring the student. Select all that apply.

**Risk or Threat to Others** such as:

- Physically aggressive behaviors with peers: shoving, pushing, fights
- Assaultive behavior; bullying or intimidation of other children
- Repeated discipline problems for aggressive behaviors (multiple referrals to principal)
- Gang-involved (suspected or known)

**Risk or Threat to Self** such as:

- Self harm or self-injury (e.g, cutting)
- Talk about hurting self on purpose
- Suicidal ideation or gestures
- Suicide attempts
- High risk sexual activity
- Running away
- Bulimia or anorexia, etc.

**Impaired School Functioning** such as:

- Disruptive behavior (classroom, campus, bus etc)
- Defiance to teacher/school authorities
- Repeated referrals to office for behavior problems
- Suspensions or expulsions
- Skipping school, classes, frequently tardy
- Unexcused absences
- Performance is consistently below capabilities
- Frequent incomplete work
- Failing classes
- Behind grade level

**Emotional /Behavioral Problems** such as:

- Appears sad much of the time
- Appears worried or anxious much of the time
- Has difficulties with sustaining attention
- Often acts without thinking
- Bizarre or ritualistic behaviors
- Obsesses
- Illogical (developmentally inappropriate) thinking
- Grief/Loss.

**Problems with Relationships** such as:

(Please also consider family/caregiver relationships including parent/child and sibling relationships)

- Withdrawn
- Extremely isolated
- Uncommunicative
- Frequently defiant of adult authority
- Has few friends
- Is unusually aggressive
- Is frequently a victim
- Often teased or bullied
- Family Substance Use
- Other Substance Use
- Doesn't get along with others

**Possible Alcohol/Drug-Specific Issues/Behaviors** such as:

- Selling; Delivering
- Possession of alcohol/drugs
- Use of alcohol or other drugs
- Possession of paraphernalia
- Intoxication
- Physical signs, symptoms of use
- Substance abuse by others

**Exposure to Trauma** such as:

- Domestic violence, physical and/or emotional abuse, etc.
- Community violence, other trauma
- Parent impaired by severe mental illness
- Parent incarcerated
- Open CPS case

**Instructions - Give the completed form to: Mia Troy – BHPS, Confidential Fax: 360-299-4005**

**Mailing Address: NWESD 189, Attn: Mia Troy, 1601 R Avenue, Anacortes, WA 98221**