PROJECT SUCCESS REFERRAL FORM

Person referring:	Date:
Please check one:	☐ The student may see this form
	☐ The student may know that I made this referral but should not
	see this form or know its content
	☐ I wish to remain anonymous as the referring person
DI EASE DETIIDN TH	IS FORM TO: Nicole Dale Room # 302B
	Grade:
Student.	Grade
Please use the reverse	side to detail your concerns. Check the applicable characteristics below:
GRADES:	ATTENDANCE:
☐ Achieving below potential	☐ Frequently absent
☐ Failing class	☐ Frequently suspended
☐ Attitude, affecting work	☐ Frequently tardy
☐ Always behind in class	☐ Cuts classes or has been truant
Over-reacts to less than perf	
	Frequently asks to leave the room
BEHAVIORS/SYMPT	
Often requires disciplinary	
Often speaks out in class	Talks about home problems
☐ Makes inappropriate comm	8
Often disregards rules	☐ Talks freely about alcohol and/or other drugs
☐ Displays irresponsible beha☐ Appears, withdrawn	
☐ Frequently angry	other drugs
Frequently upset	Student talks constantly of parties
☐ Sleeps in class	☐ Student lives with someone who is chronically/terminally ill☐ Friend or relative has died
Appears to lack motivation	Student has reportedly been assaulted, abused, or sexually
Appears to fack modivation Appears preoccupied or wo	
☐ Inappropriately displays aff	
☐ Frequently exchanging mon	
☐ Made fun of by others	Student's behavior is reckless and dangerous
☐ Decline in appearance	☐ Student talks about hurting him/herself
☐ Change in activities/involve	<u>e</u>
☐ Change in friends - seeks tre	· · · · · · · · · · · · · · · · · · ·
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** Contact on adminis	l assault, suicide and life threatening behaviors must be reported
Contact an auminis	strator immediately, if you suspect that a student may be under the influence of
alcohol or another dru	g in school. Please follow the disciplinary intervention policy.
Comments:	