

CSI Student Referral

School Year: _____ **Student ID:** _____ **Name:** _____
School: _____ **Counselor:** _____ **Grade:** _____
Referred By: _____ **Referral Date:** _____

Has a Parent contact been made regarding this student and this intervention?

Have you talked with this student about this option for intervention?

Brief description of the PRIMARY concern or reason for this referral and the information you believe we need to know to best help this student:

Please check any of the following that describe the student and your concerns about them:

Academic Performance (check all that apply)

<input type="checkbox"/> Recent decline in grades	<input type="checkbox"/> Failing class/classes
<input type="checkbox"/> Lacks motivation/interest in school	<input type="checkbox"/> Achieving below potential
<input type="checkbox"/> No concerns	
<input type="checkbox"/> Other: _____	

Attendance Information (check all that apply)

<input type="checkbox"/> Student has frequent tardies	<input type="checkbox"/> Student has been referred to SARB
<input type="checkbox"/> Student has frequent absences	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Other: _____	

Behavior Observed (check all that apply)

<input type="checkbox"/> Sleeps in class	<input type="checkbox"/> Poor Peer relationships
<input type="checkbox"/> Withdrawn/Loner	<input type="checkbox"/> Appears unhappy/frequently sad
<input type="checkbox"/> Recent change in friends	<input type="checkbox"/> Frequently teased or bullied
<input type="checkbox"/> Outburst in anger or disruptive behaviors	<input type="checkbox"/> No Concerns
<input type="checkbox"/> Other: _____	

Specific Concerns (check all that apply)

<input type="checkbox"/> Recent or difficult loss or death of a loved one	<input type="checkbox"/> Self or family member with a serious illness
<input type="checkbox"/> Difficulty adjusting to parent's recent divorce or separation	<input type="checkbox"/> Group Home/Foster Home
<input type="checkbox"/> Drug or alcohol issues, experimentation or talk	<input type="checkbox"/> Student is pregnant or a teen parent
<input type="checkbox"/> Parent or family member incarcerated	<input type="checkbox"/> Student reports drug or alcohol use in the family
<input type="checkbox"/> New student adjustment issues	<input type="checkbox"/> Trouble controlling anger and impulses
<input type="checkbox"/> Police or court involvement	<input type="checkbox"/> Depression/Anxiety
<input type="checkbox"/> Other: _____	

Which type of group could be most helpful

<input type="checkbox"/> Sharing Support Group - Elem	<input type="checkbox"/> Teen Support - Secondary
<input type="checkbox"/> Friendship/Social Skills - Elem	<input type="checkbox"/> Motivation - Secondary
<input type="checkbox"/> Bullying	<input type="checkbox"/> Pregnant and Parenting Teens - Secondary
<input type="checkbox"/> Coping with family Divorce/Separation	<input type="checkbox"/> New student adjustment - Secondary
<input type="checkbox"/> Grief and Loss	<input type="checkbox"/> Coping with illness of self or a loved one - Secondary
<input type="checkbox"/> Anger Management	
<input type="checkbox"/> Other: _____	

Thank you for taking the time to refer this student to the C.S.I. program at your school site. The information contained in this form is CONFIDENTIAL!! Your Site Coordinator will take this information and do their best to assign the student to the appropriate group. Groups are on a voluntary basis and not all students may choose to take advantage of this opportunity. They will at least be invited to try an 8 week CONFIDENTIAL support if it is deemed appropriate for them.

**** IF A STUDENT EXHIBITS SELF-HARM, SUICIDAL BEHAVIOR GESTURES OR TALK, SEEK IMMEDIATE INTERVENTION WITH APPROPRIATE ADMIN (I.E. SCHOOL PSYCHOLOGIST, GIS/LD, COUNSELOR) AND/OR PARENT**