

Quimby Oak Middle School Student Support Services: Referral Form

Student Name _____ Student ID _____ Date _____

Grade Level _____ Referred by: Name: _____ Parent Staff

Area(s) of Concern:

Personal / Social Development

- Peer Relationships
- Family Relationships
- Self-harm
- Depression
- Anxiety
- Bullying
- Social Skill
- Self-esteem
- Sexual Orientation Identity
- Grief and Loss
- Suicidality
- Alcohol/drug abuse

Academic Development

- Grades
- Attendance
- Failing to turn in assignments
- Fatigue
- Distracted easily
- Poor Testing
- Unorganized

Career Development

- Decision-making
- Exploration / Planning
- Post-Secondary

Other: _____

Student Strengths and Interests:

Staff Use Only: Intervention Strategies completed prior to this referral

- | I have ... | Student ... | |
|---|---|--|
| <input type="checkbox"/> Spoken to parents | <input type="checkbox"/> has been spoken to | <input type="checkbox"/> talked about goal setting |
| <input type="checkbox"/> Spoken to teacher team | <input type="checkbox"/> attending Lift / Tutoring | |
| <input type="checkbox"/> Spoken to admin | <input type="checkbox"/> organized binder | |
| <input type="checkbox"/> Looked over the cum | <input type="checkbox"/> has been coming to me for help | |

For Admin Use Only:

Action Plan

- | | | |
|--|---|--|
| <input type="checkbox"/> Parent/Guardian Contact | <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Student Study Team | <input type="checkbox"/> Special Services | |
| <input type="checkbox"/> Outside Resource(s) | <input type="checkbox"/> Administrator Referral | |

Notes: