

Lafayette County Schools Referral Form

Date	Child's Name		DOB				
Sex(M/F)	Ethnicity		Medicai	d #	SSN		
Student ID # _		_Grade	School				
Enrolled in Special Programs(Y/N):		ESE	_ Migrant	ESOL	Other(please specify)		
Parent/Guardi	ian Name						
Address							
Phone (home)		(work)			(other)		
Referred by/T	itle						

Presenting Problems/Concerns/Issues (Give brief, specific description):

FOR MENTAL HEALTH SERVICES ONLY

Parent/Guardian Signature required unless scheduled by LCSB staff after receiving verbal parental consent.

I agree for my child to be referred for mental health services

Signature of parent/guardian	relationship to child	date

For LCSB counselor use only

_____Date referral was received Follow-up (If services are refused or client no shows-return form to SAFE Schools staff)

(over)

Behavior Observation Sheet

STUDENT:

M / F **GRADE/AGE**:

DATE:

/

COMPLETED BY:

Please check the **<u>patterns of behaviors</u>** you have observed.

STUDENT'S STRENGTHS Self motivated/self starter Engaged in school/class Displays sense of humor Has creative outlet(s) Asks for assistance Shows integrity Stands up to peer pressure Responsible for self Thinks before acting Sound decision-making skills Empathetic or sensitive Respects cultural differences Resolves conflicts peacefully Tolerates change High self-esteem	BEHAVIORS Inattentive Easily distracted Forgetful Disorganized Defiance of rules Irresponsible Blaming Fighting/argumentative Secretive behavior Cheating Dramatic attention-getting Verbal abuse Obscene language/gestures Crying inappropriately	ACADEMIC Low grades Drop in grades Academic failure Inconsistent daily work Does not follow directions Lack of motivation Change in student to teacher relationship Change in participation Overly sensitive to criticism Compulsive over-achiever Easily frustrated/gives up Homework incomplete Lacking English skills
Positive view of future INTERESTS:	 Physically aggressive Bullying others Impulsive Stealing Vandalism Rigid obedience Extremely negative 	CLASS ATTENDANCEExcessive absenteeismPatterns of absencesFrequent tardinessIn jeopardy of losing creditFrequent visits to restroomFrequent visits to nurse
COMMUNICATION Have you communicated with the student's parents? Yes, Yes, Phone; date(s) Conference; date(s) No (Write comments on back) Student's current grade in your	Anxious or nervous Agitation/fidgety Excessive demands on teacher Day dreams regularly Unresponsive to interaction Easily led by others Sudden change in peers Refuses to comply with requests Isolating/withdrawn	Frequent visits to counselor EXTRACURRICULAR ACTIVITIES Loss of interest Increased non involvement Loss of eligibility Dropped out of activity Over extended in activities Unable to meet deadlines
class? Student's last report card grade in your class? Number of absences in your class? Number of times you've referred the student for discipline violations?	Apathetic Expression does not match feelings Excessive sadness Expresses self-destructive thoughts/actions Dishonesty Excessive mood swings	PHYSICAL CONCERNS Frequently fatigued Sleeping in class Impaired coordination Difficulty with vision/hearing Poor hygiene Rapid increase/drop in weight Frequent physical complaints
Use the back to document any intervention or accommodations that have been tried with this student, including frequency & duration, and whether or not they were helpful.	 Expresses fear for self or others Less/more mature than peers Expresses low self-esteem Erratic behavior changes Violates other's boundaries Sexually preoccupied 	Frequent illnesses Burn marks/bruises/cuts Slurred speech Smells of alcohol//marijuana Mild hand tremors Runny nose Red or glassy eyes

Submit completed form to klaw@lcsbmail.net