

Dear Teacher, Coach, School Resource Officer, Guidance Counselor, Administrator, School Psychologist or School Social Worker.

Turn About has provided specific training on the following form and its use in each Leon County School. If you missed that training and wish to get further information on the Turn About Program and its work in your school, the forms used, etc.: please feel free to contact the Turn About counselor in your school or e-mail or call one of the Turn About staff listed below. The Turn About Masters or PhD level counselor will protect your confidentiality and recognize that you are not accusing a child of a misdeed or problem. You are letting us know about a change or difference⁴ in behavior that could interfere with the student's high performance in your school. It is up to the Masters or PhD level counselor trained in assessing student behavior and other issues to obtain permission from the student's parent(s) or legal guardian(s) to see this student and with that permission assess the student's current behaviors in school to give a professional recommendation to that student's parent(s) or legal guardian(s) toward maximizing student success.

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Date of Referral _____
School _____

TURN ABOUT, INC.

INTERVENTION PROGRAM

Student Referral Form

I am referring the following student to the School Intervention or Child Victim Rapid Response Counselor. The behaviors I have observed give some cause for concern. I am not sure if drugs, alcohol or violence are involved, but I would like the Turn About counselor to look into this situation.

This referral is completely confidential.

Student Name: _____ **Grade:** _____

Observed Behaviors: Circle all that apply and list any additional observations.

1. Absent from class/tardy to class
2. Poor school performance/change in academic performance
3. Moody/Irritable
4. Conflicts with others (including peers or adults)
5. Disruptive
6. Changes in student's peer groups
7. Significant changes in the student's dress or hygiene
8. Associates with peer suspected of using drugs and/or alcohol
9. Appears high or under the influence
10. Appears underweight
11. Promises to improve, but does not do so
12. Denies anything is wrong/denies any problems
13. Sleeping in class
14. Glassy or bloodshot eyes
15. Family violence
16. Low self-esteem/Depression

Please explain any changes from the student's normal attitudes, activities or behaviors. Why does this child need services?
