

SCIP Teacher Referral Form

Teacher Referral Form

CONFIDENTIAL

STUDENT

NAME: _____ GRADE: _____ DATE: _____

TEACHER NAME: _____

PERIOD: _____

This student has been brought to the attention of the SCIP team. Your observations are essential to the decision we must make concerning their possible need for an evaluation. Please look at this student carefully and relate to us observable behavior and factual information. You are not being asked to draw conclusions about the student's use of drugs or alcohol. Please check the appropriate responses and return to the SCIP Box as soon as possible. Remember – the request for information must be treated confidentially!

ACADEMIC PERFORMANCE

No academic problems

Lower grades/achievement

Academic failure

Missing work

Incomplete work

Declining quality of work

Lack of motivation/apathy

SCHOOL ATTENDANCE

No concerns

Truancy

Tardiness

Suspension

Counselor visits

Frequent absences

EXTRACURRICULAR

- Increasing noninvolvement
- Loss of eligibility
- Dropped activities

PHYSICAL SYMPTOMS

- No concerns
- Confusion
- Memory problems
- Spacey
- Drowsy in class
- Sleeping in class
- Time disoriented
- Shakiness
- Nervous/hyperactive
- Poor Hygiene
- Physical complaints/injuries
- Self-inflicted injuries
- Glassy, bloodshot eyes
- Slurred speech
- Smelling of alcohol/pot

OBSERVABLE BEHAVIOR

- No concerns
- Change of friends
- Sudden popularity
- Older social group
- Change in clothing/hair
- Problems with peers
- Avoids adult contact
- Withdrawn
- Loner
- Negative attitude
- Loitering
- Uses pay phone (cell)
frequently
- Avoids eye contact
- Evidence of cult/gang
involvement
- Exchanges or carries large
amounts of money
- Sexually suggestive behavior
- Smokes/uses tobacco
- Talks about drinking/being

drunk

__ Talks about drug use/parties

*explain below

__ Drug related illustrations

__ Possession of drugs or
paraphernalia

__ Irresponsibility

__ Discipline problems

__ Defiance of rules/authority

__ Blaming/denying/arguing

*explain below

__ Defensive

__ Cheating/lying

__ Attention-getting behavior

__ Sudden outbursts

__ Verbal abuse/obscene gestures

__ Intimidation of others

__ Involvement in thefts or
assaults

__ Erratic/changeable behavior

__ Constantly in wrong area

__ Self-destructive behaviors

__ Rarely smiles

__Appears sad

__Depression/crying

ADDITIONAL INFORMATION: Please document any information you have on the following:

*Family/living situation: _____

*Peer group (names of friends): _____

*Significant staff/adults at school (coach, counselor, student teacher, etc.): _____

*Relationship problems (family, friends, boy/girl friend): _____

*Job information: _____

**Probation/legal problems: _____

***Please add additional comments or continue your documentation on the back of this sheet.**