

**Student Referral Form**

**CONFIDENTIAL**

SCIP  
School Community Intervention Program

Name of student making referral: \_\_\_\_\_

Date: \_\_\_\_\_

I am concerned about my friend \_\_\_\_\_  
(Name) (Grade)

I am concerned because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check any behaviors you have frequently observed (and add any behaviors you are concerned about):

- \_\_\_\_\_ Seems depressed a lot
- \_\_\_\_\_ Cries easily
- \_\_\_\_\_ Often victimized
- \_\_\_\_\_ Often victimizes others
- \_\_\_\_\_ Fighting
- \_\_\_\_\_ Irresponsible – blames – denies – argues
- \_\_\_\_\_ Doesn't interact with friends anymore
- \_\_\_\_\_ Missing school
- \_\_\_\_\_ Extreme negativism
- \_\_\_\_\_ Erratic day to day behavior
- \_\_\_\_\_ Comments about own alcohol/drug use
- \_\_\_\_\_ Selling drugs, exchanges of money
- \_\_\_\_\_ Shows signs of possible abuse/neglect (please describe)
- \_\_\_\_\_ Smelling of alcohol or pot
- \_\_\_\_\_ Other (please explain)

If you have questions, please see a SCIP team member:

- |              |                 |
|--------------|-----------------|
| Mrs. Shonka  | Mrs. Wilkins    |
| Mrs. Barnes  | Mr. Spicka      |
| Mrs. Buckley | Mr. Schlautman  |
| Mr. Lesiak   | Miss Schonewise |

\_\_\_\_\_  
Please place completed form in the locked SCIP box