



Self or Peer Referral Form

Date: _____

Your name: _____

Who are you looking for support for?

- Myself
- Another student at my school

The school's care team may wish to contact you to understand your concerns better.

- Yes, it's ok to contact me
- No, please don't contact me

Please share the reason you are seeking support for yourself or another student:

Please mark all boxes that apply:

- | | |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Sad, depressed or irritable mood |
| <input type="checkbox"/> Nightmares, intrusive thoughts | <input type="checkbox"/> Hopelessness, negative view of future |
| <input type="checkbox"/> Anxious, fearful or irritable mood | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Jumpy or easily startled | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Avoids reminders of trauma | <input type="checkbox"/> Diminished interest in activities |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Low or decreased motivation |
| <input type="checkbox"/> Sexualized play or behaviors | |
| <input type="checkbox"/> Difficulty concentrating | |
| | |
| <input type="checkbox"/> Talks excessively | <input type="checkbox"/> Anxious and fearful |
| <input type="checkbox"/> Gets out of seat and moves constantly | <input type="checkbox"/> Worries excessively |
| <input type="checkbox"/> Interrupts and blurts out responses | <input type="checkbox"/> Difficulty sleeping |
| <input type="checkbox"/> Inattentive, distractible, forgetful | <input type="checkbox"/> Restless and on edge |
| <input type="checkbox"/> Disorganized, makes careless mistakes | <input type="checkbox"/> Specific fears or phobias |
| <input type="checkbox"/> Angry towards others, blames others | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Fights and is aggressive | <input type="checkbox"/> Clingy behavior |
| <input type="checkbox"/> Argumentative and defiant | <input type="checkbox"/> Appears distracted |

Please share any additional information you would like the care team to know: