



STAR Team Referral Form

1. Referred by _____

2. Student's Name _____ Grade _____

3. Date of referral _____

4. **Please check the behavior(s) you have witnessed.**

- | | |
|---|---|
| <input type="checkbox"/> Decreased or low class participation | <input type="checkbox"/> Changes in extracurricular activities |
| <input type="checkbox"/> Easily distracted or trouble concentrating | <input type="checkbox"/> Increased irritability |
| <input type="checkbox"/> Decrease in the quality of work | <input type="checkbox"/> Argues with other students |
| <input type="checkbox"/> Poor short-term or long-term memory | <input type="checkbox"/> Cheating |
| <input type="checkbox"/> Low frustration tolerance | <input type="checkbox"/> Change in friends |
| <input type="checkbox"/> Change in attendance/tardiness | <input type="checkbox"/> Does not follow teacher instructions |
| <input type="checkbox"/> Frequent requests to leave the room | <input type="checkbox"/> Drastic changes in appearance |
| <input type="checkbox"/> Frequent request to visit the nurse | <input type="checkbox"/> Observed talking about drinking alcohol or using controlled substances |

5. **Strength(s) and resiliency factor(s)**

- | | |
|--|---|
| <input type="checkbox"/> Is creative | <input type="checkbox"/> Good communication skills |
| <input type="checkbox"/> Considerate of others | <input type="checkbox"/> Appears to like and be connected to school |
| <input type="checkbox"/> Strives to achieve his/her best | <input type="checkbox"/> Demonstrates good social skills |
| <input type="checkbox"/> Able to work independently | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exhibits leadership | |
| <input type="checkbox"/> Can accept re-direction | |

Additional observable behaviors _____

6. **What has been done to resolve this problem? Please explain and provide dates.**

Please return form to: a STAR team member or Tina Cramer in the Counseling Office