

# Brown Elementary

## STUDENT SUPPORT REFERRAL

Student:

Referral Date:

Teacher:

Grade:

Referred by:

Parent's preferred language:

Areas of Concern: (Check all that apply)

Stress/Anxiety

Sadness/Depression

Suicidal Statements

Self-Injurious Behavior

Anger

Aggression

Grief/Loss

Social Skills

Self-Esteem

Body Image

Concentration & Focus

Coping Skills

Substance Abuse

Bullying

Suspected Abuse Victim

Family Problems/Homelessness

Lacks Basic Resources (food, clothing, supplies)

Relationship Issue (please define below)

Additional information:

Strategies already tried:

Student strengths:

Is parent/guardian aware of referral?    Yes    No    I don't know

Does the student have an IEP?    Yes    No    I don't know

**Please complete and email to both student support staff:**

Alexandra Pierce, LCSW  
Student Support Clinician  
apierce@turlock.k12.ca.us

Julie Von Berckefeldt, PPS  
School Counselor  
JVonBerckefeldt@turlock.k12.ca.us

## TUSD Student Behavior Questionnaire

For each item, please mark the box for Not True, Somewhat True, or Certainly True. It would help us if you answered all items as best you can, even if you are not absolutely certain. Please give your answers on the basis of the student's behavior over the last six months or this school year. Thank you!

	Not True	Somewhat True	Certainly True
1. Considerate of people's feelings			
2. Restless, overactive, cannot stay still for long			
3. Often complains of headaches, stomachaches, or sickness			
4. Shares readily with peers, for example: treats, supplies			
5. Often loses temper			
6. Rather solitary, prefers to be alone			
7. Generally well behaved, usually does what adults request			
8. Many worries or often seems worried			
9. Helpful if someone is hurt, upset, or feels ill			
10. Constantly fidgeting or squirming			
11. Has at least one good friend			
12. Often fights with peers or bullies them			
13. Often unhappy, depressed, or tearful			
14. Generally liked by peers			
15. Easily distracted, conversation wanders			
16. Nervous or clingy in new situations, easily loses confidence			
17. Kind to younger peers			
18. Often lies or cheats			
19. Picked on or bullied by peers			
20. Often offers to help others (parents, teachers, other students)			
21. Thinks things out before acting			
22. Steals from home, school, or elsewhere			
23. Gets along better with adults than same age peers			
24. Many fears, easily scared			
25. Good attention span, sees work through to the end			

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

Please specify Role:

-----**For Counselor Use only**-----

Scale	Tier I	Tier II	Tier III
Total Difficulties	0 1 2 3 4 5 6 7 8 9 10 11	12 13 14 15	16 17 18 19 20 21 22 23 ...
Emotional Symptoms	0 1 2 3 4	5	6 7 8 9 10
Conduct Problems	0 1 2	3	4 5 6 7 8 9 10
Hyperactivity	0 1 2 3 4 5	6	7 8 9 10
Peer Problems	0 1 2 3	4	5 6 7 8 9 10
Prosocial Behaviors	10 9 8 7 6	5	4 3 2 1 0

**Overall Tier:** I  II  III  **Provider:** School counselor  CARE Clinician  Other  \_\_\_\_\_

Comments: