

## BHIT Student Referral Form Berlin Middle School

<b>Referral made by:</b> Click here to enter text.		<b>Date of referral:</b> Click here to enter text.	
<b>Student Name:</b> Click here to enter text.			
<b>Teacher Name:</b> Click here to enter text.		<b>Grade:</b> Click here.	<b>Gender:</b> Click here.
<b>Legal Guardian(s):</b>	<b>Name:</b> Click here to enter text.		<b>Phone/contact:</b> Click here to enter text.

Youth lives with legal guardian

Youth lives with someone else: Click here to enter text.

Relationship: Click here to enter text.

**Why are you referring? What has been tried already? (Brief narrative)**  
Click here to enter text.

**Concerns: Check all that apply for the risk factors**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Academic failure<br><input type="checkbox"/> Tardiness<br><input type="checkbox"/> Frequent absenteeism<br><input type="checkbox"/> Substantially depressed mood<br><input type="checkbox"/> Poor hygiene<br><input type="checkbox"/> Family issues<br><input type="checkbox"/> Legal issues<br><input type="checkbox"/> Difficulty focusing<br><input type="checkbox"/> Other: Click here to enter text. | <input type="checkbox"/> Disruptive behavior<br><input type="checkbox"/> Difficulty controlling emotions<br><input type="checkbox"/> Frequent peer conflicts (at school or in community)<br><input type="checkbox"/> At risk of harming self or others<br><input type="checkbox"/> Verbalized suicidal ideation<br><input type="checkbox"/> Verbalized harm to others<br><input type="checkbox"/> Suspected substance misuse<br><input type="checkbox"/> Verbalized substance abuse |
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Social emotional areas for improvement:

- Self-awareness  
  Self-management  
  Social awareness  
  Relationship skills  
  Responsible decision-making

**Student/Family Strengths (strongest adult relationships, skills, coping strategies, interests, etc.):**  
Click here to enter text.

Does the student know you are making this referral?       Yes       No

**Information received:**

<input type="checkbox"/> From referred student	<input type="checkbox"/> From the guardian
<input type="checkbox"/> From another staff member	<input type="checkbox"/> From another student
<input type="checkbox"/> Other: Click here to enter text.	