

**Student Referral Form for Behavioral Health Intervention Team (BHIT)
Brown Elementary School**

Date of referral:		
Referral made by:		
Student Name:		
Teacher Name:	Grade:	Gender:
Parent(s) Name:		Contact Number:

Behaviors resulting in referral (Brief narrative):

Strategies or Service already tried/in place:
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Concerns: Check all that apply for the risk factors

<input type="checkbox"/>	Academic Failure	<input type="checkbox"/>	Disruptive behavior
<input type="checkbox"/>	Tardiness	<input type="checkbox"/>	Difficulty controlling emotions
<input type="checkbox"/>	Frequent absenteeism	<input type="checkbox"/>	Frequent peer conflicts (at school or in community)
<input type="checkbox"/>	Substantially depressed mood	<input type="checkbox"/>	Cutting/self-harm
<input type="checkbox"/>	Poor hygiene	<input type="checkbox"/>	Verbalized suicidal ideation
<input type="checkbox"/>	Family issues	<input type="checkbox"/>	Verbalized harm to others
<input type="checkbox"/>	Legal issues	<input type="checkbox"/>	Suspected substance misuse
<input type="checkbox"/>	Difficulty focusing	<input type="checkbox"/>	Verbalized substance abuse

Information received:

<input type="checkbox"/>	First hand
<input type="checkbox"/>	Informed by another staff member
<input type="checkbox"/>	Informed by parent