ATTACHMENT 2.3b

Concern Form

Elementary/Middle/High School

Student _____ Grade _____ DOB _____
School _____
School Year _____

Reason for Concern _____

_____

REFERRING STAFF:

#1 _____

_____ *Signature* _____
Print Staff Name
Phone _____ Email _____
Fax

#2 _____

_____ *Signature* _____
Print Staff Name
Phone _____ Email _____

Parent/Caregiver 1: _____
Name *Phone* *Email*
Relationship: ☐ Biological parent ☐ Relative ☐ Other: _____

Address: _____

Parent/Caregiver 2: _____
Name *Phone* *Email*
Relationship: ☐ Biological parent ☐ Relative ☐ Other: _____

Address: _____
Does the student have a 504 Plan? ☐Yes ☐No
Does the student have an IEP? ☐Yes ☐No

Significant social or family information (including family history of mental health or learning disorders): _____

_____

Other services student is receiving or has received inside school _____
Outside school services:

_____

PARENT: I CONSENT to communication and exchange of information between referring staff and doctors: *(Ed Code 49423.1)*

Dr. _____
Location or Clinic _____

Phone _____ Fax _____

Email _____

Dr. _____
Location or Clinic _____

Phone _____ Fax _____

Email _____

Parent/Guardian Signature *Date*

Check all behaviors that apply:	Check all risk factors that apply:
☐ Appears Distracted	☐ Attendance
☐ Diminished interest in activities	☐ Behavior
☐ Low or decreased motivation	☐ Trauma
☐ Anxious or fearful	☐ Recent Loss
☐ Irritable mood	☐ Family history of mental health
☐ Other:	☐ Learning Issue
	☐ Other:

Has the student experienced and/or been exposed to any of the following:

☐ Exposed to domestic violence, abuse, etc.	☐ Hallucinations: ☐ Auditory ☐ Visual
☐ Exposed to community violence, other trauma	☐ Irritable Mood
☐ Nightmares, intrusive thoughts	☐ Feeling overwhelmed
☐ Anxious or fearful	☐ Family conflict: divorce
☐ Jumpy or easily startled	☐ Frequent fighting at home, arguments
☐ Avoids reminders of trauma	☐ Community agency involvement
☐ Aggressive or sexualized play/behaviors	☐ Physical trauma e.g. head injury
☐ Difficulty concentrating/appears distracted	☐ Other:
☐ Other:	

Check areas of difficulty: **Does it interfere with everyday life:**

Emotions	Concentration	Behavior-getting along	Peer Relationships	Classroom Learning
☐ No	☐ No	☐ No	☐ Not apparent	☐ Not apparent
☐ Yes-Minor	☐ Yes-Minor	☐ Yes -Minor	☐ Yes-Minor	☐ Yes –Minor
☐ Yes-Definite	☐ Yes -Definite	☐ Yes -Definite	☐ Yes -Definite	☐ Yes –Definite
☐ Yes-Severe	☐ Yes -Severe	☐ Yes -Severe	☐ Yes -Severe	☐ Yes –Severe

If you answered yes to any of the above, how long has it been a problem?

☐ Less than a month	☐ 1-5 months	☐ 6-12 months	☐ Over a year

Student behavior over the last 6 months or this school year

Please mark check boxes ➔	Not True	Somewhat True	True
Considerate of other's feelings			
Shares readily with other students – example: toys, treats, pencils			
Has at least one good friend			
Generally liked by other students			
Generally well behaved, usually does what adults request			
Kind to younger students			
Often offers to help others			
Thinks things out before acting			
Helpful if someone is hurt, upset, or feeling ill			
Good attention span, sees work through to the end			
Fights or is aggressive with other students or picks on them			
Often unhappy, or sad affect			
Often lies or cheats			
Picked on by other students			
Steals from home, school or elsewhere			
Gets along better with adults than with other students			
Many fears, easily scared			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomach aches, or sickness			
Often loses temper, irritable, argumentative or defiant			
Rather solitary, prefers to play alone			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Many worries, or often seems worried			

Angry towards others, blames others			
Disorganized, makes careless mistakes			
Inattentive, distractible, forgetful			
Interrupts and/or blurts out responses			
Talks excessively			
Withdrawn			
Loss of appetite			
Reduced activity during recess			
Self-centered, excessively preoccupied with personal prestige, power, adequacy			
Lack of impulse control			
Other:			

Concern Form - Student Interview

Are you ever worried or afraid? For how long? What do you worry about? How does it make you feel?
Have your eating or sleeping habits changed? How long has this been going on?
Do you ever feel very sad? What makes you sad? How long have you felt this way?
Do you cry a lot? What makes you cry? How long have you been feeling this way?
Do you have someone at school to talk to when you feel bad? Who is this person? Do you have someone at home to talk to when you feel bad? Who is this person? Does talking to this person make you feel better?

Interventions that have been tried:

☐ Classroom modification	☐ Communication with parents
☐ Classroom accommodations	☐ SST
☐ Behavioral referral	☐ 504 Plan
☐ On-site school counseling	☐ IEP Meeting
☐ School intervention:	Consultation with private providers
☐ Other:	

Comments:

Next Steps:

Referral:

Plans for follow-up: