

Figure 3.1: Campus Watch Referral Sheet

PLEASE RETURN THIS FORM TO: _____

Student's Name and ID: _____

Middle School: _____

Need for Intervention: _____ Low _____ Medium _____ High

Please check ALL areas of concern.

Academic Issues:

- _____ Poor academic progress (multiple Fs)
- _____ Poor attendance and/or truancy (SARB, SART, and so on)
- _____ Chronic underachiever
- _____ Released from special education (Date released if available)
- _____ 504 Plan, EL, and so on (Attach plan or level, if possible)

Family Issues:

- _____ Homeless (motel/relative)
- _____ Foster care/group home
- _____ Single-parent home
- _____ Domestic violence/abuse
- _____ Death in family (Recent, date if known)
- _____ Victim of a violent crime
- _____ Parent in jail

Social Issues:

- _____ Suspension(s)/expulsion (reason)
- _____ Suspected substance abuse
- _____ Probation (Officer's name if available)
- _____ Suspected gang involvement (Affiliation)
- _____ Suspected graffiti crew involvement (Affiliation)
- _____ Chronic misbehavior/discipline

Emotional Issues:

- _____ Depression (poor self-esteem)
- _____ Anger management
- _____ Mental health issues
- _____ Currently in counseling (Agency if available)
- _____ Eating disorder
- _____ Suicide ideation
- _____ Self-mutilation

Educational placement if applicable:

____ RSP ____ LH ____ SH ____ SED

Alternative program placement if applicable:

Name of program/reason: _____

Medications / health issues: _____

Comments: _____

High school use only: _____
