***Confidential Concerns Team (CCT)***

Referral Form

To be completed by Faculty/Parent

Completing this referral is an indication that you are concerned about the behavior of a Germantown Friends School student. You are not being asked to label or diagnose. Once received, a member of the CCT will talk with the student and help the student determine an appropriate action plan.

The information in this report is confidential and non-disciplinary. It will not be part of the student’s permanent record. Although your name will also be kept confidential, it is important that you sign this form in case the team has any questions for you.

Please give the referral form to a member of the CCT directly in a sealed envelope or in one of the CCT mailboxes (Callie Hogan’s office on the 2nd floor of the Alumni Building, Nasreen Naidoo’s office on the ground floor of Sharpless, or Dr. Rachel Hodas’ office 2nd floor Main). Thank you for helping to keep our community safe and healthy.

Please check the behaviors exhibited by the student that concern you. Please comment on your concerns:

**Social Behavior**

 Drinking (please specify frequency and amount if known)

 Using Drugs (please specify type frequency and amount if known)

 Talks frequently about drug use; brags

 Change in friends and/or peer group

 Others concerned about his/her behavior

 Mood swings

 Depression/Hopelessness

 Fighting with peers

 Verbally abusive

 Withdrawal from peers, faculty, or family

 Other, please specify – 

Comments:

**Changes in Physical Condition**

 Poor hygiene

 Eyes often bloodshot, dull

 The odor of alcohol or marijuana

 Difficulty walking

 Changes in speech pattern

 Excessive fatigue

 Nervous, agitated, trouble sitting still

 Erratic behavior day to day

 Other, please specify

Comments:

**Academic Performance**

 A decline in quality of work

 Incomplete work and/or work not submitted regularly

 Loss of interest in grades or achievement 

Comments:

**Classroom Conduct**

 Sleeping in class

 Excessive tardiness

 Disruptive in class

 Lack of motivation

 Sudden outbursts of anger

 Obscene language

Comments:

Name of Student about who you are concerned:

Today’s Date:

Your name:

Received by (CCT Member):