

 	Republic of the Philippines BULACAN AGRICULTURAL STATE COLLEGE Office of Student Affairs and Services Student Welfare Services Unit Pinaod, San Ildefonso, Bulacan 3010	Document No.: BASC-SWSU-QSF-08
		Rev. No.: 00
	REFERRAL FORM	Effectivity Date: 02/10/2020

Name of Referred Student: _____

Course & Year / Grade & Section: _____ **Student Number:** _____

REASON(S) FOR REFERRAL: *(Please check all that applies with regards to students' behavior)*

A. Academic Performance Status

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Performing significantly below ability <input type="radio"/> Decrease in participation <input type="radio"/> Failure to complete homework (repeatedly) <input type="radio"/> Tardiness <input type="radio"/> Drop in grades <input type="radio"/> Failure to complete in-class assignments | <ul style="list-style-type: none"> <input type="radio"/> Poor test scores <input type="radio"/> Unprepared for class <input type="radio"/> Easily frustrated <input type="radio"/> Daydreams <input type="radio"/> Short attention span <input type="radio"/> Other |
|---|---|

B. Physical Attributes

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Sleeping in class <input type="radio"/> Complaining nausea / stomach ache <input type="radio"/> Poor motor skills <input type="radio"/> Frequent cold-like symptoms <input type="radio"/> Smelling of alcohol/marijuana <input type="radio"/> Slurred speech <input type="radio"/> Poor hygiene | <ul style="list-style-type: none"> <input type="radio"/> Frequently expressing concern with person health <input type="radio"/> Self-injury/self-harm <input type="radio"/> Noticeable change in weight <input type="radio"/> Other |
|---|---|

C. Crisis Indicators

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Has expressed desire to die <input type="radio"/> Has made suicidal threats/gestures <input type="radio"/> Has experienced the recent death of family member or close friend <input type="radio"/> Has written a suicide note | <ul style="list-style-type: none"> <input type="radio"/> Has experienced a recent major illness of family member or close friend <input type="radio"/> Other stressors <i>(please explain)</i> |
|--|--|

D. Atypical Behavior

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Expressing desires to punish or gain revenge via harmful or deadly means <input type="radio"/> Inappropriate sexual verbalization <input type="radio"/> Expresses involvement in hate groups <input type="radio"/> Trouble getting along with peers <input type="radio"/> Withdrawn/loner <input type="radio"/> Expresses hopelessness, worthlessness, helplessness | <ul style="list-style-type: none"> <input type="radio"/> Expresses fear or anxiety about <input type="radio"/> Expresses anger toward authority figures <input type="radio"/> Lies <input type="radio"/> Criticizes on others/self <input type="radio"/> Inappropriate dress <i>(specify)</i> <input type="radio"/> Other |
|--|---|

Incidental Observation:

Referred by: _____ **Date:** _____
(Signature over Printed Name)

Received by: _____ **Date:** _____