

Parent Referral Form

CONFIDENTIAL

SCIP
School Community Intervention Program

My name: _____

Date: _____ Phone number where I can be reached: _____

I am concerned about _____
(Name) (Grade)

I am concerned because:

Please check any behaviors you have frequently observed (and add any behaviors you are concerned about):

- _____ Seems depressed a lot
- _____ Cries easily
- _____ Often victimized
- _____ Often victimizes others
- _____ Fighting
- _____ Irresponsible – blames – denies – argues
- _____ Doesn't interact with friends anymore
- _____ Missing school
- _____ Extreme negativism
- _____ Erratic day to day behavior
- _____ Comments about own alcohol/drug use
- _____ Selling drugs, exchanges of money
- _____ Shows signs of possible abuse/neglect (please describe)
- _____ Smelling of alcohol or pot
- _____ Other (please explain)

If you have questions, please see a SCIP team member:

- | | |
|-----------------|----------------|
| Mrs. Shonka | Mr. Lesiak |
| Mrs. Barnes | Mrs. Wilkins |
| Mrs. Buckley | Mr. Spicka |
| Miss Schonewise | Mr. Schlautman |

*Please place completed form in the locked SCIP box in the Guidance office or return via mail to:

Julie Schonewise
Pius X SCIP Coordinator
Pius X High School
6000 A Street
Lincoln, NE 6851
