

I AM CONCERNED ABOUT

_____, Grade _____
Name of Student

Reason for Concern (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Drop in grades | <input type="checkbox"/> Depression, anxiety, frequent mood swings-more than the typical kid |
| <input type="checkbox"/> Absent from school more than usual | <input type="checkbox"/> Change in attitude/behavior |
| <input type="checkbox"/> Hurting others or hurting self | <input type="checkbox"/> No longer participating in extracurricular/athletic activities |
| <input type="checkbox"/> Unusual change of friends | <input type="checkbox"/> Possible alcohol and other drug use |

Other concerns/comments:

Signature (optional) _____ Date _____
(Please place this Student Concern Form in the drop box or give to Mrs. Barlev)
