

Kaiser Member  
 Yes  
 No

**Portland Public Schools**  
**Referral for**  
**Alcohol and Drug Assessment**

Receiving Special  
Education Services  
 Yes  
 No

Student \_\_\_\_\_ Date \_\_\_\_\_

Student I.D.# \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_

Referring Staff \_\_\_\_\_ Staff Phone \_\_\_\_\_

Student Birthdate \_\_\_\_\_  
 Call before assessment  
 Call with assessment results  
Best times to call: \_\_\_\_\_

**VOLUNTARY REFERRAL**

- Self referral
- Staff referral
- Parent referral
- Peer referral

**DISCIPLINARY REFERRAL**

- Use of \_\_\_\_\_
- Possession of \_\_\_\_\_
- Transfer/sale of \_\_\_\_\_
- Other \_\_\_\_\_

Description of referring incident \_\_\_\_\_

● **Academic Profile**

Currently \_\_\_\_\_ Last year \_\_\_\_\_ 2 years ago \_\_\_\_\_  
(consider GPA and achievement level, test scores, note discrepancies)

● **Attendance** (last semester)

Number of tardies \_\_\_\_\_ Number of absences \_\_\_\_\_

Comments (note patterns—missed first or last period, missed classes around lunch, frequently late, often has to leave class, etc.) \_\_\_\_\_

● **Behavior** (reflects current year)

Referrals:

0-3	<input type="checkbox"/>	Suspension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4-7	<input type="checkbox"/>	Expulsion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8-10+	<input type="checkbox"/>			

● **Social**

Change in peer group  Yes  No      Change in activities  Yes  No

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Does any of the above information reflect a change?  Yes  No

Describe:

What steps have been taken to help the student? (parent conference, behavior contract, anger management, Personal Insight Group, Insight Class, etc.)

Other comments for indicators (legal problems, home problems, physical symptoms):

Agency: \_\_\_\_\_