STARS STUDENT ASSISTANCE REFERRAL FORM  
2014-2015

STARS exists to serve schools and communities by providing prevention, intervention and treatment services, addressing bullying, substance abuse, violence, and social and emotional barriers to success.  
www.starsnashville.org

You may refer a student to STARS when you are observing behaviors that are adversely affecting the student’s school performance. Please complete the following and return it to the STARS Specialist.

STUDENT____________________________GRADE____AGE____RACE____

REFERRED BY________________________DATE REFERRED______________

PERIOD STUDENT IS WITH YOU ________________

Please provide a brief summary of the reason for the referral: ______________________________

_____________________________________________________________________________

Do you feel the student would benefit from being in a support group?_______ If so, which of the following presenting problems have you observed?

____Substance abuse
____Attendance problems
____Family Addictions
____Conflict with peers
____Unable to control anger/emotions
____Alcohol and drug relapse
____At-risk teen male issues
____At-risk teen female issues
____Grief (loss of a friend/family)
____Self Esteem
____Low skill level with social and emotional competencies
____Individual Counseling (if group counseling is not appropriate)
____Other

Please explain: ________________________________________________________________

What actions have you already taken with this student:

_____________________________________________________________________________

__________________________________________

– Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the grounds of race, color or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.”

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