This form is a vehicle by which staff/faculty can document behaviors of students about whom they are concerned. Please print, complete and send to the Counseling Center.

Referral from: ____________________________Date: _________________

Student’s Name: __________________________________________________________

Reason for referral:
______________________________________________________________________

Date(s) of observations:
______________________________________________________________________

**Behavioral Observations Checklist:**

- [ ] Self-mutilation  
- [ ] Inappropriate laughter/giggling  
- [ ] Uncoordinated/Clumsy  
- [ ] Incoherent pattern of speech  
- [ ] Temper outbursts/flare-ups  
- [ ] Purposeless movements  
- [ ] Poor Hygiene  
- [ ] Manic behavior  
- [ ] Rocking  
- [ ] Posturing  
- [ ] Temper tantrums  
- [ ] Sadness (pervasive)  
- [ ] Personality change  
- [ ] Unusual noises  
- [ ] Tics  
- [ ] Violent  
- [ ] Withdrawn  
- [ ] Crying  
- [ ] Staring  
- [ ] Hallucinating  
- [ ] Other

The above checklist is designed to help the observer label or structure observations. Please elaborate upon observations in “Reason for Referral” Section.

____________________________________________
Signature of Referral Source

*Please be aware that a client has legal access to this information. Observations should be objective.*