

CONFIDENTIAL

Concern Form

Date:

I am concerned about _____ Grade _____

Reason for concern (Check all that apply)

_____ Destructive behaviors against self or others

_____ Negative attitudes

_____ Signs of possible alcohol and other drug use

_____ Use before or during school

_____ Change of friends

_____ Less extracurricular participation

_____ Depressed; anxious; frequent mood swings

_____ Family/living situation

_____ Other concerns: _____

Additional comments: (Please describe the present problem, including your concerns.)

Signature (optional)