

Support Group Method (SGM) REFERRAL FORM



Name/Grade Level of Teacher requesting SGM intervention

Date of request _____ (if there is eminent threat of harm, immediately notify your Administrative Supervisor and Investigative Designee)

Names/Grade of student or students (targets) _____

Please describe the situation warranting intervention. (How did the situation come to your attention?)

Have you spoken to the target/victim about this possible intervention? Have you tried any interventions in the past or made any previous referrals? Please explain:

Would you like one of the SGM Team members to speak with the target?

If they agreed to engage in this process, please have target give you the names of the parties appropriate for this intervention below:

Supporting party _____ Grade _____

Supporting party _____ Grade _____

Bystander _____ Grade _____

Bystander _____ Grade _____

Aggressor _____ Grade _____

Aggressor _____ Grade _____

Other suggestions/concerns? _____
