

NON-SUICIDAL SELF-INJURIOUS BEHAVIOR (NSSIB) REFERRAL FORM

Please Complete this Referral Form and Send Email to AttachmentG@lausd.net, Behavior Support Department

School: _____	Program: _____
Grade: _____	Local District: _____
School Site Referring Administrator: _____	Teacher: _____
LAUSD Email: _____	LAUSD Email: _____
Phone#: _____	Phone#: _____
Other Contact*: _____	
<i>*If other than Teacher or Referring Administrator:</i>	
LAUSD Email: _____	Date of Referral (Faxed or Emailed on): _____
Phone#: _____	

Non-Suicidal Self Injurious Behavior (NSSIB) of Concern

Two or more non-consecutive or consecutive occurrences of any of the following (please check all that apply):

- Biting: closing of the upper and lower teeth on the flesh of any portion of own body
- Choking: closing both hands around own neck that could result in airway obstruction
- Ear pulling: pulling own ears forcefully and repetitively
- Eating* nonnutritive objects (e.g., dirt, paper, rocks)
**Please report behavior(s) that are strictly outside of developmental norms.*
- Gouging: using hand, knuckles, fingers, and/or objects to dig repetitively into orifice(s) (e.g., eye, ear)
Please describe: _____
- Hair pulling: pulling of own hair resulting in removal of hair
- Head banging: Moving own head and making contact with a stationary environmental object that could result in tissue damage
- Head hitting: using own open or closed hand, or objects, to make contact with any part of own head or face that could result in tissue damage
- Rumination is defined as any occurrence of:
 - o Holding food material in mouth at a time other than when eating
 - o Self-induced vomiting that may or may not involve placing finger in mouth
- Skin picking: scratching or picking of own skin repetitively, picking of existing wounds, and/or rubbing own body parts against objects that results in tissue damage
- Teeth grinding: rubbing the upper and lower teeth against each other repetitively
- Other: Please describe: _____

Approximately how long has the student been exhibiting this/these behavior(s)? _____

PLEASE NOTE: 1) Submit ONE FORM PER CLASS/PROGRAM, *not per incident or per student.*
2) This referral is strictly for NONSUICIDAL SELF-INJURIOUS BEHAVIORS. If there is any suspicion of suicide and/or suicidal ideation, please refer to BUL-2637.2, "Suicide Prevention, Intervention and Postvention" (SPIP) from the Office of Student Health and Human Services. For support with technical assistance and/or consultation, contact School Mental Health Crisis Counseling and Intervention Services at (213) 241-3841, Monday-Friday (8am-4:30pm) or contact your Local District Operations Coordinator.

For office use only: Date Received: _____ Received by: _____