

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

Please Complete this Referral Form and Send Email to [AttachmentG@lausd.net](mailto: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: \_\_\_\_\_