Handle With Care Notification

Student Name: ____________________________________________________________

HWC Notice Date: _______________________________________________________

Please be alert to potential reactions by the Handle With Care student. Reactions may include:

**Internal Distress:**
- Regression of previously mastered stages of development (i.e. toileting accidents)
- Decline in participation or loss of interest
- Anxiety, fear, and worry about safety
- Hyperarousal (i.e. easily startled)
- Increased distress (i.e. unusually whiney, irritable, moody)
- Discomfort with feelings (i.e. recognizing troubling thoughts)
- Distrust of others, including peers and adults
- Separation anxiety or extra clingy with teacher or other trusted adults
- Avoidance
- Emotional numbing (seeming to have no feelings about event)
- Re-experiencing or recreating trauma (i.e. reliving or drawing memories)
- Repetitive thoughts/comments about death or dying
- New fears (i.e. fear of dark, animals, monsters)
- Morbid thoughts, questions or drawings
- Change in appetite

**External Distress:**
- Unpredictable or impulsive behavior
- Angry outbursts or aggression
- Over- or under-reacting to physical contact, bright lights, sudden movements or loud sounds
- Defiance or difficulty with authority
- Irritability with friends, teachers or events
- Headaches or stomachaches
- Lack of energy or fatigue
- Increased risk or signs of substance abuse
- Increased activity level
- Difficulty concentrating or lack of attention
- Physical harm to others or to self
- Increased absenteeism
- Slipping schoolwork
- Withdrawal from usual activities or suspiciousness

Other(s):
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

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**HWC REFERRAL FOR ADDITIONAL SUPPORT SERVICES**

I would like to refer this student to: [INSERT NAME(s) OF DESIGNEE(s) FOR YOUR SCHOOL BUILDING]

Because this student has:
- Exhibited changes that prohibit regular school activities for the student and/or for other students (please check all above that apply)
- Exhibited changes for more than 2 weeks after the HWC Notice (please check all above that apply)

Referring Staff: ___________________________ Date of Referral: ___________________________

More resources on Handle With Care & Trauma are available at www.washtenawisd.org/handlewithcare