

Referral Form for Student Mental Health and Counseling Support

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|--|-------------|---|---------------------|
| Student Name | Grade Level | Gender | Date Form Completed |
| Name of Person Making Referral | | Contact # or Email for Person Making Referral | |
| Relationship to Student: <input type="checkbox"/> Teacher <input type="checkbox"/> School Staff <input type="checkbox"/> Friend/Family Member | | Contact # or Email for Parent/Guardian | |
| | | Do you want the student to know you made the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Has the student or family asked for:

| | | |
|---|--|--|
| Information about services? <input type="checkbox"/> Yes <input type="checkbox"/> No | An appointment to initiate help? <input type="checkbox"/> Yes <input type="checkbox"/> No | Someone to contact them to offer help? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|--|

Please rate the urgency of this request by circling the appropriate number:

| | | | | | | | | | |
|------------|---|-------------------|---|---|---|---|---|-------------|----|
| Not Urgent | | Moderately Urgent | | | | | | Very Urgent | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please check area(s) of concern that are demonstrated on a consistent/frequent basis:

ACADEMIC

| | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> Grades falling significantly | <input type="checkbox"/> Does not complete homework | <input type="checkbox"/> Has difficulty with written language | <input type="checkbox"/> Difficulty with peers in classroom | <input type="checkbox"/> Easily distracted |
| <input type="checkbox"/> Skipping classes | <input type="checkbox"/> Has low reading skills | <input type="checkbox"/> Inverts/reverses numbers/letters | <input type="checkbox"/> Unable to follow directions | <input type="checkbox"/> Falling asleep in class |
| <input type="checkbox"/> Excessive tardiness | <input type="checkbox"/> Has difficulty with math skills | <input type="checkbox"/> Possible auditory/vision difficulties | <input type="checkbox"/> Inability to stay on task/complete assignments | <input type="checkbox"/> Requires frequent one-on-one attention |
| <input type="checkbox"/> Low motivation/effort | | | | <input type="checkbox"/> Other: |

APPEARANCE

| | | | | |
|---|---|---|---|---------------------------------|
| <input type="checkbox"/> Appearance/hygiene neglected | <input type="checkbox"/> Bloodshot eyes | <input type="checkbox"/> Needle or burn marks | <input type="checkbox"/> Weight loss/gain (dramatic/sudden) | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Bruises | | | |

BEHAVIOR

| | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Abusive language/profanity | <input type="checkbox"/> Cutting/scratching/hurting self | <input type="checkbox"/> Inappropriate displays of affection/clingy | <input type="checkbox"/> Preoccupied with death | <input type="checkbox"/> Threatening/intimidating remarks/bullying |
| <input type="checkbox"/> Alcohol/drug abuse (suspected or known) | <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Irritable/angry/hostile | <input type="checkbox"/> Rejected by peers/picked on | <input type="checkbox"/> Worrying/nervousness |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Disruptive | <input type="checkbox"/> Isolated/withdrawn | <input type="checkbox"/> Self-esteem problems | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Attention seeking | <input type="checkbox"/> Eating problems (too much or too little) | <input type="checkbox"/> Lethargic/low energy | <input type="checkbox"/> Separation anxiety | |
| <input type="checkbox"/> Bizarre thoughts or behaviors (i.e., hearing voices, seeing things, eating inedible objects, rocking, head banging) | <input type="checkbox"/> Excessive or uncontrollable crying | <input type="checkbox"/> Negative peer influences | <input type="checkbox"/> Sexually assaultive toward others/vulgar | |
| | <input type="checkbox"/> Gang involvement | <input type="checkbox"/> Physically assaultive toward others/fighting | <input type="checkbox"/> Suffered sexual and/or physical assault | |
| | | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Talks about suicide | |

DIFFICULTY MAKING TRANSITIONS

| | |
|---|--|
| <input type="checkbox"/> New student having trouble with adjustment | <input type="checkbox"/> Trouble adjusting to new living situation |
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FAMILY/ENVIRONMENT

| | | |
|--|--|--|
| <input type="checkbox"/> Homeless (no fixed address, living with others) | <input type="checkbox"/> Reports abuse (physical, sexual, emotional) | <input type="checkbox"/> Suffered recent loss (including parent divorce) |
| <input type="checkbox"/> Inadequate food source | <input type="checkbox"/> Speaks with anger about parents/family | <input type="checkbox"/> Other: |

By law, reports that may indicate abuse or neglect may have to be referred to the Child and Family Services Agency. See the mandated reporting protocol or consult with a member of the school-based mental health team for more information.



PLEASE RETURN COMPLETED FORMS TO YOUR SCHOOL MENTAL HEALTH COORDINATOR.