Referral Form for Student Mental Health and Counseling Support

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade Level</th>
<th>Gender</th>
<th>Date Form Completed</th>
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Name of Person Making Referral

Contact # or Email for Person Making Referral

Contact # or Email for Parent/Guardian

Do you want the student to know you made the referral?  
- Yes  
- No

Has the student or family asked for:

- Information about services?  
- An appointment to initiate help?  
- Someone to contact them to offer help?  
- Yes  
- 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

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

### APPEARANCE

- Appearance/hygiene neglected
- Bloodshot eyes
- Bruises
- Needle or burn marks
- Weight loss/gain (dramatic/sudden)
- Other:

### BEHAVIOR

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- Isolated/withdrawn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

### DIFFICULTY MAKING TRANSITIONS

- New student having trouble with adjustment
- Trouble adjusting to new living situation

### FAMILY ENVIRONMENT

- Homeless (no fixed address, living with others)
- Inadequate food source
- Reports abuse (physical, sexual, emotional)
- Speaks with anger about parents/family
- Suffered recent loss (including parent divorce)
- 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.