# Student Self-Referral Form for Mental Health and Counseling Support

<table>
<thead>
<tr>
<th>Name</th>
<th>Grade Level</th>
<th>Gender</th>
<th>Date Form Completed</th>
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**Are you a special education student?**
- [ ] Yes
- [ ] No

**How urgent is your request for counseling?**
<table>
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<tr>
<th>Not Urgent</th>
<th>Moderately Urgent</th>
<th>Very Urgent</th>
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**Please check as many of the following that may apply to your situation:**

### FEELINGS …
- [ ] Really sad
- [ ] Hopeless
- [ ] Worthless
- [ ] Very angry
- [ ] Anxious/worried
- [ ] Grief
- [ ] Extremely afraid
- [ ] Irritable
- [ ] Always crying
- [ ] Rejected by peers
- [ ] Withdrawn/isolated
- [ ] Very distracted
- [ ] Depressed
- [ ] Out of control
- [ ] Always tired/sleepy
- [ ] Hostile/unapproachable
- [ ] Self-esteem problems

### BEHAVIORS …
- [ ] Cutting/scratching self
- [ ] Eating then vomiting
- [ ] Not eating
- [ ] Stealing
- [ ] Using drugs/alcohol
- [ ] Suicidal thoughts/threats
- [ ] Grades falling
- [ ] Disrupting class
- [ ] Skipping school
- [ ] Bizarre thoughts
- [ ] Destroying property
- [ ] Excessive absences/tardy
- [ ] Thoughts of death
- [ ] Sudden weight loss
- [ ] Abusive/fighting

### OTHER …
- [ ] Sexual abuse
- [ ] Physical abuse
- [ ] Neglect
- [ ] Rape (stranger/date)
- [ ] Physical assault
- [ ] Pregnancy
- [ ] Family drug/alcohol use
- [ ] Homelessness
- [ ] Difficulty with parent
- [ ] Death of family/friend
- [ ] Parents separated/divorced
- [ ] Relationship problems
- [ ] Always sick/tired
- [ ] Negative peer influence
- [ ] Other:

**Have you spoken to anyone about any of the above?**
- [ ] Yes
- [ ] No

If yes, who?
- [ ] Teacher
- [ ] Parent/guardian
- [ ] Principal/administrator
- [ ] House parent
- [ ] School nurse
- [ ] Other:

**Are you over the age of 12?**
- [ ] Yes
- [ ] No

If you are over the age of 12, do you have any concerns about your parents/guardian being contacted to consent to you receiving mental health services?
- [ ] Yes
- [ ] No

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.**