**Adult 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 | | |
| 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:**

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Information about services?

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Yes No

An appointment to initiate help?

Yes No

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Someone to contact them to offer help?

Yes No

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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

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| Difficulty with peers in classroom Unable to follow  directions |  | Easily distracted Falling asleep in class  Requires frequent one-on-one attention |
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Grades falling significantly Skipping classes

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Excessive tardiness Low motivation/effort

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Does not complete homework

Has low reading skills Has difficulty with math skills

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Has difficulty with written language Inverts/reverses

numbers/letters

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Possible auditory/ vision difficulties

APPEARANCE

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Inability to stay on task/complete assignments

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Other:

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Appearance/hygiene neglected

Bloodshot eyes

Bruises

Needle or burn marks

Weight loss/gain (dramatic/sudden)

Other:

Abusive language/ profanity Alcohol/drug abuse

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(suspected or known)

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Argumentative Attention seeking

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Bizarre thoughts or behaviors (i.e., hearing voices,

seeing things, eating inedible objects, rocking, head banging)

Cutting/scratching/ hurting self Destruction of

property

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Disruptive

Eating problems (too much or too little)

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Excessive or uncontrollable crying Gang involvement

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## BEHAVIOR

Inappropriate displays of affection/ clingy

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Irritable/angry/hostile Isolated/withdrawn Lethargic/low energy

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Negative peer influences Physically assaultive

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toward others/

fighting Pregnant

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Preoccupied with death

Rejected by peers/ picked on

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Self-esteem problems Separation anxiety

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Sexually assaultive toward others/vulgar Suffered sexual and/



or physical assault

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Talks about suicide

Threatening/ intimidating remarks/ bullying

Worrying/ nervousness

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Other:

DIFFICULTY MAKINGTRANSITIONS FAMILY/ENVIRONMENT

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New student having trouble with adjustment

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Trouble adjusting to new living situation

Homeless (no fixed address, living with others)

Inadequate food source

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Reports abuse (physical, sexual, emotional)

Speaks with anger about parents/family

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Suffered recent loss (including parent divorce)

Other:

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*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 BEHAVIORAL HEALTH COORDINATOR.**