

School-based Behavioral Health Services

Serving Clark Montessori School

For office use:

Date Received TriHealth _____

Date Received CCHMC _____

Teacher Referral Information Summary

Student name: _____

Date: _____

Your name: _____

Grade and/or Community _____

Students may be served by TriHealth or Cincinnati Children's Hospital Medical Center

Below are some issues that are sometimes encountered by children in school settings.

Please **check** the domains that you see as most problematic for the child you have referred.

Please **circle** the descriptors that are most applicable to this child.

| ✓ Domain | Common problems (Circle) |
|---|--|
| Activity level | Disruptive, overactive, restless, impulsive, fidgety |
| Anxiety | Seems nervous, fearful, anxious, frequent physical complaints, seems to worry or ruminate |
| Attitude/ motivation | Seems angry, resentful, defiant, argumentative, |
| Classroom work habits | Inattention, avoids and/or does not complete work, poor task persistence, disorganized |
| Conduct | Manipulative and/or lies, overly defensive, cheats, uses foul language, steals, |
| Family/ home issues | Parental conflict, separation and/or absence; health problems of close relative; significant financial stress; major stressful event (accident, death in family, occurrence of violence or abuse toward anyone in household, etc.) |
| Health concerns | Allergies, asthma, seizures, tics, weight problem or eating disorder, sleep problems, wetting or soiling, specific chronic medical condition (diabetes, arthritis, heart problem etc.) |
| Mood/"self-esteem" | Sad, moody, withdrawn, irritable, lacks confidence, shy, dependent, easily embarrassed, cries easily |
| Peer relationship problems/ peer conflict | Difficulty getting along with peers, instigates or involved in peer conflict, socially isolated/withdrawn |
| Physical/verbal aggression | Fights, bullies, taunts/teases others, hollers, threatens, intimidates |
| Social skills | Rude, interrupts, does not listen, does not work cooperatively in groups, seems disliked by others |

Please rate the student in terms of General Functioning and Coping on a scale of 1 – 10 (Circle your response).

1 2 3 4 5 6 7 8 9 10
Very poor Excellent
functioning/coping functioning/coping

Prioritized Problems: Of these problems, choose the **three** that you would most like us to start working on with this student.

1.

2.

3.

Goals: For each Prioritized Problem, what are you hoping will change for this student, as a result of participating in TriHealth services?

1.

2.

3.

CONTINUE ON OTHER SIDE

Background information: Are you aware of anything that might explain these concerns? (Recent stressful events, peer problems, family issues, identified learning difficulties/disabilities, etc.)

Are you aware of any **interventions currently** in place? (IEP, IAT recommendations, school-based or external educational resources, medications, external counseling/psychological intervention, etc.)

What services do you believe would be **most helpful**?

| | |
|-------------------------------------|--|
| Individual counseling/psychotherapy | Assistance with classroom intervention |
| Group counseling; skill training | Teacher consultation |
| Parent consultation | Classroom observation |
| Parent/teacher meeting | Referral to external resource |

What are your hopes and/or **expectations** about the outcome of these services?

What do you see as this child's **strengths** and available resources? (Child's strengths, resources available in the family, extracurricular activities, talents, social support, behavioral health treatment, etc.)

Have you or another staff **spoken to the parents** about your concerns? Yes No
If yes when _____

Have you **asked the parents to call**? Yes No
If yes when _____

Please return this form to the TriHealth Team. If you have an immediate concern, please contact the TriHealth team, CCHMC therapist, school psychologist or

PLEASE RETURN TO: Dr. Cary Wallis (513-363-7156) in the TriHealth mailbox

administrator in person.

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