

Mental Health School-Based Referral Form

CONFIDENTIAL



Special Education	<input type="checkbox"/> No	<input type="checkbox"/> Yes
504 Plan	<input type="checkbox"/> No	<input type="checkbox"/> Yes

If you NOTICE something troubling, talk with other staff members and determine whether they are seeing these same signs. TALK with the student. Ask how he or she is doing. Suggest that he or she talk with the counselor. ACT by offering to take them to the appropriate counselor. You should focus on observable behaviors or actions you've noticed. Avoid making any kind of diagnosis.

Student Name: _____ Grade: _____ Gender: M
 _____ DOB: _____ F

Legal Guardian: _____ Guardian Phone: _____

Guardian Contacted? Yes No Contact Date: _____

Your name: _____ Relationship to Student: _____

Concern (Description):

Primary Concern	<input type="checkbox"/> Anger Management	<input type="checkbox"/> Appears sad/depressed	<input type="checkbox"/> Often withdrawn/isolated
	<input type="checkbox"/> Anxious, Worried, or Fearful	<input type="checkbox"/> Divorce	<input type="checkbox"/> Sexual Identity
	<input type="checkbox"/> Bullying (Victim/Perpetrator)	<input type="checkbox"/> Eating Issues	<input type="checkbox"/> Substance Abuse
	<input type="checkbox"/> Peer relationships/social skills	<input type="checkbox"/> Loss of loved one (Grief)	<input type="checkbox"/> Self-harm (Thoughts) (2)
	<input type="checkbox"/> Conflict with Peers	<input type="checkbox"/> Over-Activity	<input type="checkbox"/> Self-harm (Actions) (3)
	<input type="checkbox"/> Defiant/argumentative	<input type="checkbox"/> Frequent mood swings/agitation	<input type="checkbox"/> Verbal/Physical Abuse (See Below) (1)
	<input type="checkbox"/> Other:	_____	

Secondary Concerns	<input type="checkbox"/> History of Disciplinary Action	<input type="checkbox"/> History of Poor Grades	<input type="checkbox"/> Sudden Increases in Disciplinary Action
	<input type="checkbox"/> Frequent visits to Nurse's Office	<input type="checkbox"/> Poor Concentration	<input type="checkbox"/> Sudden Decline in Grades
	<input type="checkbox"/> Frequent Tardiness	<input type="checkbox"/> Frequent Absences	<input type="checkbox"/> Other: _____

Some of these warning signs (above) are typical. The critical distinction is how frequent they happen, how extreme they are, and how much they impact the student's life.

Background Information

Summary of Steps Taken

*Attach additional sheets if necessary to document Actions or Observations

Additional sheets attached No Yes

Follow Up

Yes

No

Date

Fairview-Clifton (name)

Date

Fairview-Clifton (name)

Date

Fairview-Clifton (name)

Date

Written or verbal permission to contact Mental Health Partner obtained on:

Date

Mental Health Provider Information Only

Date referral given to Mental Health Partner:

Date:

Priority Status

High

Moderate

Low

Submit Information on Tracking Form

Yes

No

Student's name and referral date added to CCHMC update spreadsheet

Yes

No