



**Child Focus, Inc.**

**Making THE Difference!**

[www.child-focus.org](http://www.child-focus.org)

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**KILGOUR ELEMENTARY SCHOOL REFERRAL FORM**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
Legal Guardian: \_\_\_\_\_  
Guardian Phone Number: \_\_\_\_\_

Urgency Rating (1=high, 2=moderate, 3=low): \_\_\_\_  
Date of Birth: \_\_\_\_\_  
Gender: Male Female  
Relationship to Student: \_\_\_\_\_

**Reason For Referral (please mark up to 3 concerns, using 1-3 scale):**

- |  |  |
|--|--|
| <input type="checkbox"/> Depression (withdrawn, isolating self...)                                       | <input type="checkbox"/> Impulsive   |
| <input type="checkbox"/> Anxiety; persistent worries/fears   | <input type="checkbox"/> Lies; exaggerates   |
| <input type="checkbox"/> Angry Outbursts; rage; tantrums   | <input type="checkbox"/> Low self-esteem   |
| <input type="checkbox"/> Attendance problems   | <input type="checkbox"/> Loss of a friend or loved one   |
| <input type="checkbox"/> Bullying (circle: target or bully)  | <input type="checkbox"/> No eye contact; unkempt; disheveled   |
| <input type="checkbox"/> Children's Protective Services involvement<br>(current and/or history of)       | <input type="checkbox"/> Suicidal thoughts/ gestures/discussions   |
| <input type="checkbox"/> Crying excessively  | <input type="checkbox"/> Self-injury (cutting)   |
| <input type="checkbox"/> Conflict with Parent(s)   | <input type="checkbox"/> Sexually inappropriate behavior   |
| <input type="checkbox"/> Conflict with other Authority Figures   | <input type="checkbox"/> Short attention span; inattentive   |
| <input type="checkbox"/> Disruptive; Attention-seeking   | <input type="checkbox"/> Stealing  |
| <input type="checkbox"/> Defiant; does not follow rules  | <input type="checkbox"/> Substance use or abuse  |
| <input type="checkbox"/> Family stressors (divorce, unemployment,<br>homelessness, parent substance use) | <input type="checkbox"/> Trauma history (sexual abuse, physical abuse,<br>witness to domestic violence, neglect) |
| <input type="checkbox"/> Failing Grades/School work concerns   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Fighting; arguing   | _____  |
| <input type="checkbox"/> Hoarding or gorging food  | _____  |

**Interventions already attempted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This referral has been discussed**  **by phone**  **in person on** \_\_\_\_\_ **(date) with the**  
**parent/guardian and the parent/guardian**  **accepts or**  **rejects the referral to Child Focus, Inc.**

**Referral Completed By:** \_\_\_\_\_

**Suggested Narrative for School Staff Calling Guardian to Introduce Service**

“Hi, I’m \_\_\_\_\_, your child’s (teacher, school psychologist, etc.). Your child \_\_\_\_\_ has many strengths, but I have some concerns about \_\_\_\_\_. (Identify concerns... Academic, behavioral, emotional, etc.). We have mental health therapists here on site from Child Focus, Inc. who works with our students to help them with their needs. Unfortunately, the cost of these services are not covered by Kilgour, but can be paid through Medicaid or private insurance. One of our therapists on site can call you to describe their services in more detail. I can make that referral if you agree and one of our therapists will contact you. Do you have any questions?”

