

Social, Emotional & Behavioral Health Referral

Student Information

School _____

Student Name _____ Grade/Room* _____ Date _____

Parent's Name _____ Phone Number _____

Parent's Address _____

Has parent been contacted by teacher?

Yes No

Is parent in agreement?

Yes No

Referred by _____

*Students in grades 7-12 please attach schedule from Power School

Classroom Behaviors

Please check your area(s) of concern for the above named student

- | | |
|---|---|
| <input type="checkbox"/> Appears Depressed | <input type="checkbox"/> Chronic Defiance of Rules |
| <input type="checkbox"/> Chronically Disruptive in Class | <input type="checkbox"/> Disruptive Attention Seeking Behaviors |
| <input type="checkbox"/> Extreme Mood Swings | <input type="checkbox"/> Inattentiveness/Lack of Focus |
| <input type="checkbox"/> Poor Self-Esteem | <input type="checkbox"/> Verbally Abusive |
| <input type="checkbox"/> Promiscuous Sexual Behavior | <input type="checkbox"/> Frequent Sleeping in Class |
| <input type="checkbox"/> Hyperactive or Nervous | <input type="checkbox"/> Obscene Gestures or Language |
| <input type="checkbox"/> Parent/Child Relational Problems | <input type="checkbox"/> Student Suspected of Substance Use |
| <input type="checkbox"/> Feelings of Hoplessness | <input type="checkbox"/> Frequent Temper Tantrums |
| <input type="checkbox"/> Peer Relational Problems | <input type="checkbox"/> Possible Runaway/Chronically Leaves Room |
| <input type="checkbox"/> Homicidal/Suicidal Thoughts or Actions | <input type="checkbox"/> Withdrawn Behavior/Irritability |
| <input type="checkbox"/> Possible Physical/Sexual Abuse | <input type="checkbox"/> Physically Aggressive |
| <input type="checkbox"/> Experienced Trauma | <input type="checkbox"/> Other: _____ |

Please see next page of form to complete.

Academic Performance

Please check your area(s) of concern for the above named student

- | | |
|---|---|
| <input type="checkbox"/> Academic Failure/Decline | <input type="checkbox"/> Decline in Motivation |
| <input type="checkbox"/> Change in Level of Participation | <input type="checkbox"/> Does Not Follow Directions |
| <input type="checkbox"/> Student Has Been Referred for an MFE | <input type="checkbox"/> Inconsistent Daily Work |
| <input type="checkbox"/> Child Has an IEP | <input type="checkbox"/> Other: _____ |

Please Note: Services being requested may or may not be supported by our assessment

Details

Please list a few of the student's strengths _____

Presenting problem (please explain) _____

Any recent changes at home? _____

Is the student involved with any other agencies that you are aware of? _____

Best time to take student out of class for sessions? _____

Office Use Only

Vanderbilt Sent Date Sent _____

Returned Date Vanderbilt was returned _____

Result Please explain result of Vanderbilt _____

Attempts to Contact Parent/Gaurdian: 1. _____ 2. _____ 3. _____

Christi Tilley, LISW-S
HCSBS Supervisor
513.482.7277
christi.tilley@stalschildren.org

