



Mental Health Counseling Referral Form

Student Name: _____ Date: _____

School: _____ Grade/Teacher: _____

Parent/Guardian _____ Phone: _____

Person Making Referral: _____ Relationship to Student: _____

Reason for Referral – (check all that apply)

Academic:

- Attendance
- Study Skills
- Cheating
- Other _____
- Skill Deficiency
- Organization
- Academics
- Homework

Personal/Social:

- Aggression/anger
- Disrespectful
- Nervous/Anxious
- Health (Family or Student)
- Honesty
- Self-harm
- Fears
- Sexual Acting Out
- Easily Distracted
- Sadness
- Gets out of seat constantly
- Elopement (Runaway)
- Drug use/ideation
- Bullying/Harassment
- Withdrawn/Shy
- Adjustment
- Grief
- Self-esteem
- Property Destruction
- Social Skills
- Low/Decreased Motivation
- Arson
- Stealing
- Interrupts/blurts responses
- Cursing/Yelling/Screaming
- Weapons
- Peer Relationships
- Uncooperative/Defiance
- Family Conflict
- Homeless
- Personal Hygiene
- Dramatic Change in Behavior
- Impulsive
- History of Trauma
- Inattentive
- Other _____

• Have you discussed your concerns with the child’s parent or guardian? Yes No

• Does the child receive outpatient therapy services? Yes No Unknown

Outpatient Therapist Name: _____ Phone: _____

Address:

- Is there a release to speak to the outpatient therapist? Yes No

(If **no release to speak to outpatient therapist on file**, please have parents complete the “Authorization to Release/Request Confidential Information” form so information can be released to the Mental Health Provider)

- List known Mental Health history and/or current Mental Health Diagnosis:
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- Does the child have an IEP? Yes No

- **If yes**, who is the Case Manager? _____

- List student strengths:
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- List student needs:
-
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Additional Comments:

Only the Mental Health Provider Completes Bottom Portion		
Date Received by Mental Health Provider:		
Outcome		
<input type="checkbox"/> Does not require Mental Health Provider services at this time. Recommendations sent to classroom/team/individual working with student.	<input type="checkbox"/> Student required a check-in. Acute need solved, requires no additional scheduled visits.	<input type="checkbox"/> Student will begin seeing the Mental Health Professional on a regular basis.