Adult Referral Form for Student Mental Health and Counseling Support

Student Name	Grade Level	Gender	Date Form Completed

Name of Person Making Referral	Contact # or Email for Person Making Referral
Contact # or Email for Parent/Guardian	Do you want the student to know you made the referral? ☐ Yes ☐ No

Has the student or family asked for:

Information about services? ☐ Yes ☐ No

An appointment to initiate help? ☐ Yes ☐ No

Someone to contact them to offer help? ☐ Yes ☐ No

Please rate the urgency of this request by circling the appropriate number:

Not Urgent — Moderately Urgent — Very Urgent

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Please check area(s) of concern that are demonstrated on a consistent/frequent basis:

ACADEMIC

- ☐ Grades falling significantly
- ☐ Skipping classes
- ☐ Excessive tardiness
- ☐ Low motivation/effort
- ☐ Does not complete homework
- ☐ Has low reading skills
- ☐ Has difficulty with math skills
- ☐ Has difficulty with written language
- ☐ Inverts/reverses numbers/letters
- ☐ Possible auditory/ vision difficulties
- ☐ Difficulty with peers in classroom
- ☐ Unable to follow directions
- ☐ Inability to stay on task/complete assignments
- ☐ Easily distracted
- ☐ Falling asleep in class
- ☐ Requires frequent one-on-one attention
- ☐ Other:

APPEARANCE

- ☐ Appearance/hygiene neglected
- ☐ Bloodshot eyes
- ☐ Bruises
- ☐ Needle or burn marks
- ☐ Weight loss/gain (dramatic/sudden)
- ☐ Other:

BEHAVIOR

- ☐ Abusive language/ profanity
- ☐ Alcohol/drug abuse (suspected or known)
- ☐ Argumentative
- ☐ Attention seeking
- ☐ Bizarre thoughts or behaviors (i.e., hearing voices, seeing things, eating inedible objects, rocking, head banging)
- ☐ Cutting/scratching/ hurting self
- ☐ Destruction of property
- ☐ Disruptive
- ☐ Eating problems (too much or too little)
- ☐ Excessive or uncontrollable crying
- ☐ Gang involvement
- ☐ Inappropriate displays of affection/ clingy
- ☐ Irritable/angry/hostile
- ☐ Isolated/withdrawn
- ☐ Lethargic/low energy
- ☐ Negative peer influences
- ☐ Physically assaultive toward others/ fighting
- ☐ Pregnant
- ☐ Preoccupied with death
- ☐ Rejected by peers/ picked on
- ☐ Self-esteem problems
- ☐ Separation anxiety
- ☐ Sexually assaultive toward others/vulgar
- ☐ Suffered sexual and/ or physical assault
- ☐ Talks about suicide
- ☐ Threatening/ intimidating remarks/ bullying
- ☐ Worrying/ nervousness
- ☐ Other:

DIFFICULTY MAKING TRANSITIONS

- ☐ New student having trouble with adjustment
- ☐ Trouble adjusting to new living situation

FAMILY/ENVIRONMENT

- ☐ Homeless (no fixed address, living with others)
- ☐ Inadequate food source
- ☐ Reports abuse (physical, sexual, emotional)
- ☐ Speaks with anger about parents/family
- ☐ Suffered recent loss (including parent divorce)
- ☐ Other:

By law, reports that may indicate abuse or neglect may have to be referred to the Child and Family Services Agency. See the mandated reporting protocol or consult with a member of the school-based mental health team for more information.

PLEASE RETURN COMPLETED FORMS TO YOUR SCHOOL BEHAVIORAL HEALTH COORDINATOR.