Student Self-Referral Form for Mental Health and Counseling Support

Name	Grade Level	Gender	Date Form Completed

Are you a special education student? ☐ Yes ☐ No

How urgent is your request for counseling?

Not Urgent — Moderately Urgent — Very Urgent

1 2 3 4 5 6 7 8 9 10

Please check as many of the following that may apply to your situation:

FEELINGS …

- ☐ Really sad
- ☐ Hopeless
- ☐ Worthless
- ☐ Very angry
- ☐ Anxious/ worried
- ☐ Grief
- ☐ Extremely afraid
- ☐ Irritable
- ☐ Always crying
- ☐ Rejected by peers
- ☐ Withdrawn/ isolated
- ☐ Very distracted
- ☐ Depressed
- ☐ Out of control
- ☐ Always tired/sleepy
- ☐ Hostile/ unapproachable
- ☐ Self-esteem problems

BEHAVIORS …

- ☐ Cutting/scratching self
- ☐ Eating then vomiting
- ☐ Not eating
- ☐ Stealing
- ☐ Using drugs/alcohol
- ☐ Suicidal thoughts/threats
- ☐ Grades falling
- ☐ Disrupting class
- ☐ Skipping school
- ☐ Bizarre thoughts
- ☐ Destroying property
- ☐ Excessive absences/tardy
- ☐ Thoughts of death
- ☐ Sudden weight loss
- ☐ Abusive/fighting

OTHER …

- ☐ Sexual abuse
- ☐ Physical abuse
- ☐ Neglect
- ☐ Rape (stranger/date)
- ☐ Physical assault
- ☐ Pregnancy
- ☐ Family drug/alcohol use
- ☐ Homelessness
- ☐ Difficulty with parent
- ☐ Death of family/friend
- ☐ Incarcerated parent
- ☐ Parents separated/divorced
- ☐ Relationship problems
- ☐ Always sick/tired
- ☐ In foster care
- ☐ Negative peer influence
- ☐ Other:

Have you spoken to anyone about any of the above? ☐ Yes ☐ No

If yes, who? ☐ Teacher ☐ Parent/guardian ☐ Principal/administrator ☐ House parent ☐ School nurse ☐ Other:

Are you over the age of 12? ☐ Yes ☐ No

If you are over the age of 12, do you have any concerns about your parents/guardian being contacted to consent to you receiving mental health services? ☐ Yes ☐ No

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 MENTAL HEALTH COORDINATOR.

DISTRICT OF COLUMBIA
PUBLIC SCHOOLS