Behavioral/Mental Health Referral Form

Student Name:_____ DOB:_____ Date:_____

Grade:_____ Person Referring: _____

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
- ☐ Sadness
- ☐ Gets out of seat constantly
- ☐ Elopement
- ☐ Drug use/ideation
- ☐ Other_____
- ☐ Bullying/Harassment
- ☐ Withdrawn/Shy
- ☐ Adjustment
- ☐ Grief
- ☐ Self-esteem
- ☐ Property Destruction
- ☐ Social Skills
- ☐ Low/Decreased Motivation
- ☐ Stealing
- ☐ Interrupts/blurts responses
- ☐ Cursing/Yelling/Screaming
- ☐ Peer Relationships
- ☐ Uncooperative/Defiance
- ☐ Family Conflict
- ☐ Homeless
- ☐ Personal Hygiene
- ☐ Dramatic Change in Behavior
- ☐ Impulsive
- ☐ Easily Distracted
- ☐ Inattentive
- ☐ History of Trauma
- ☐ Arson
- ☐ Suicidal Ideation
- ☐ Weapons

Duration of issues:_____

Have you discussed your concerns with the child's parent or guardian? ☐ Yes ☐ No

Does the child receive outpatient therapy services? If yes, please list provider. ☐ Yes ☐ No ☐ Unknown

Outpatient Therapist Name:_____Phone: _____

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

Does the child have an IEP? ☐ Yes ☐ No

If yes, who is the IEP case manager? _____

Additional Comments:

_____

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_____

Parent phone and email:_____ Revised 8/20