

## REFERRAL FORM

Name of Student: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Phone Number of Guardian: \_\_\_\_\_

Date Referral Discussed with Guardian: \_\_\_\_\_

### Behavioral Concerns (Please mark all boxes that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Fights and is aggressive                  |
| <input type="checkbox"/> Nightmares, intrusive thoughts              | <input type="checkbox"/> Argumentative and defiant                 |
| <input type="checkbox"/> Anxious, fearful or irritable mood          | <input type="checkbox"/> Sad, depressed or irritable mood          |
| <input type="checkbox"/> Jumpy or easily startled                    | <input type="checkbox"/> Hopelessness, negative view of future     |
| <input type="checkbox"/> Avoids reminders of trauma                  | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Aggressive                                  | <input type="checkbox"/> Diminished interest in activities         |
| <input type="checkbox"/> Sexualized play or behaviors                | <input type="checkbox"/> Low or decreased motivation               |
| <input type="checkbox"/> Difficulty Concentrating                    | <input type="checkbox"/> Worries excessively                       |
| <input type="checkbox"/> Talks excessively                           | <input type="checkbox"/> Difficulty sleeping                       |
| <input type="checkbox"/> Gets out of seat and moves constantly       | <input type="checkbox"/> Restless and on edge                      |
| <input type="checkbox"/> Interrupts and blurts out responses         | <input type="checkbox"/> Specific fears or phobias                 |
| <input type="checkbox"/> Inattentive, distractible, forgetful        | <input type="checkbox"/> Clingy behavior                           |
| <input type="checkbox"/> Disorganized, makes careless mistakes       | <input type="checkbox"/> Appears distracted                        |
| <input type="checkbox"/> Angry towards others, blames others         |  |

### Area of Concern (Please Describe):

- Academic Concerns: \_\_\_\_\_
- Behavioral Concerns: \_\_\_\_\_
- Social Concerns: \_\_\_\_\_
- Emotional Concerns: \_\_\_\_\_
- Health Concerns: \_\_\_\_\_
- Family Concerns: \_\_\_\_\_
- Others: \_\_\_\_\_

**To Be Completed by WCESC Mental Health Staff**

**Date Referral Received by Clinician:** \_\_\_\_\_

**Date Contact Attempted:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Date Contact Attempted:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Date Contact Attempted:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Unable to reach parent/guardian**

Letter sent home on: \_\_\_\_\_