Confidential Referral Form: Parent or Guardian – SAMPLE
To
AWARE Mental Health – Behavioral Health Specialist

Name of Child: _____ Grade: _____ Campus: _____

Date: _____ Your Name: _____

Relationship to student: _____

The school's Student Support team may wish to contact you to discuss your concerns. Please provide your contact information and the best time to reach you.

Phone: _____ Best time to contact: _____

Who does your child live with?

- ☐ Biological Parents
- ☐ Adoptive Parents
- ☐ Foster Parents
- ☐ Relatives
- ☐ Group Home
- ☐ Other: _____

Language spoken at home:

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Does your child have an Individualized Education Plan (IEP)?

- ☐ Yes
- ☐ No
- ☐ Don't know

Area of concern (please mark all boxes that apply):

- ☐ Academic Concerns
- ☐ Behavioral Concerns
- ☐ Social Concerns
- ☐ Emotional Concerns
- ☐ Physical Health Concerns
- ☐ Family Concerns
- ☐ Other: _____

Behavioral concerns (please mark all boxes that apply):

- ☐ Exposed to community violence, other trauma
- ☐ Hopelessness, negative view of future
- ☐ Nightmares, disturbing thoughts
- ☐ Anxious, fearful
- ☐ Jumpy or easily startled
- ☐ Irritable
- ☐ Aggressive, fights
- ☐ Inappropriate behaviors
- ☐ Difficulty concentrating
- ☐ Difficulty sleeping
- ☐ Talks excessively
- ☐ Angry towards others, blames others
- ☐ Sad, depressed mood
- ☐ Restless, on edge
- ☐ Low self-esteem, negative self-statements
- ☐ Inattentive, distractible, forgetful
- ☐ Loss of interest in activities
- ☐ Low or decreased motivation
- ☐ Clingy behavior
- ☐ Worries a lot
- ☐ Specific fears or phobia
- ☐ Argues a lot and defiant
- ☐ Disorganized
- ☐ Interrupts constantly

How often is this behavior occurring (e.g., several times a day, 1-2 times a day)?

_____

_____

_____

How long have you had this concern about your child (e.g., several weeks, months)?

_____

_____

_____

To your knowledge, has your child received any supports or interventions in the past for the concern(s) you identified?

- In school supports (e.g., school counselor, Communities in Schools, Special Education/504):

  _____

  _____

  _____

- Outside of school supports (e.g., therapy, psychiatric services, mentor):

  _____

  _____

  _____

To your knowledge, is your child receiving any supports or interventions currently for the concern(s) you identified?

- In school supports (e.g., school counselor, Communities in Schools, Special Education/504):

  _____

  _____

  _____

- Outside of school supports (e.g., therapy, psychiatric services, mentor):

  _____

  _____

  _____

To your knowledge, what are your child's strengths and/or areas of interest?

_____

_____

_____

What do you think will help your child experience success?

_____

_____

_____

(To be completed by AWARE Mental Health Behavioral Health Specialist)

Date Received: _____

Adapted from: Los Angeles United School District School Mental Health Referral Form, available at: https://achieve.lausd.net/Page/12124