



# Confidential Referral Form: Peer or Self – SAMPLE

## To

### AWARE Mental Health – Behavioral Health Specialist

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Campus: \_\_\_\_\_

Who are you looking for support for?

- Myself
- Another student at my school

The school’s student support team may wish to contact you to understand your concerns better.

- Yes, it’s ok to contact me      My phone number is: \_\_\_\_\_
- No, please don’t contact me

Please share the reason you are seeking support for yourself or for another student:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mark all boxes that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Exposed to community violence, other trauma | <input type="checkbox"/> Sad, depressed or irritable mood          |
| <input type="checkbox"/> Nightmares, disturbing thoughts             | <input type="checkbox"/> Hopelessness, negative view of future     |
| <input type="checkbox"/> Anxious, fearful                            | <input type="checkbox"/> Low self-esteem, negative self-statements |
| <input type="checkbox"/> Jumpy or easily startled                    | <input type="checkbox"/> Difficulty concentrating                  |
| <input type="checkbox"/> Argues                                      | <input type="checkbox"/> Loss of interest in activities            |
| <input type="checkbox"/> Aggressive, fights others                   | <input type="checkbox"/> Low or decreased motivation               |
| <input type="checkbox"/> Inappropriate behaviors                     | <input type="checkbox"/> Worries a lot                             |
| <input type="checkbox"/> Talks excessively                           | <input type="checkbox"/> Difficulty sleeping                       |
| <input type="checkbox"/> Moves around constantly                     | <input type="checkbox"/> Restless and on edge                      |
| <input type="checkbox"/> Disorganized, makes careless mistakes       | <input type="checkbox"/> Specific fears or phobias                 |
| <input type="checkbox"/> Angry towards others, blames others         | <input type="checkbox"/> Appears distracted                        |
| <input type="checkbox"/> Stubborn                                    |  |

Please share some strengths and interests you or the other student has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please share any additional information you would like the student support team to know: (e.g., involved in sports or other activities, has had counseling before, has a mentor, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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