



Advancing Wellness and Resiliency in Education

Confidential Referral Form: School Staff – SAMPLE To AWARE Mental Health – Behavioral Health Specialist

Student Name: _____ Grade: _____ Campus: _____

Date: _____ Person Referring: _____

Relationship to student: _____

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

Phone: _____ Best time to contact: _____

Area of concern (please describe):

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

Behavioral concerns (please mark all boxes that apply):

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

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

How long has this behavior been occurring? (e.g., several weeks, several months)

To your knowledge, what interventions have previously been tried?

- 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 interventions are currently in place?

- 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 the student's strengths and/or areas of interest?

What do you think will help the student to experience success?

Prior History (please mark all boxes that apply):

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Criminal or juvenile court involvement | <input type="checkbox"/> Psychiatric hospitalizations |
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> School-Based mental health services |

Parent/Guardian Contact Information

Parent/Guardian Name: _____

Phone (cell/home): _(____) _____ (____) _____

Has parent been contacted regarding your concerns? Yes No

Is parent/guardian willing to sign a consent for services? Yes No

If yes, Date of contact: _____ Person contacted: _____

(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>