

**Mental Health Team Referral**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Mark the area(s) of concern and provide a brief description.**

□ Behavioral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Social: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Emotional:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*NOTE: Academic concerns should be addressed through the RtI/SST process.*

**2. Please check all behavioral concerns:**

* Exposed to community violence/trauma
* Nightmares/Intrusive thoughts
* Anxious
* Irritable mood
* Fearful
* Easily startled/jumpy
* Aggressive/Fights
* Makes careless errors
* Angry/Blames others
* Argumentative and defiant
* Sad/Depressed
* Hopelessness/Negative outlook
* Low self-esteem/Negative self-statements
* Diminished interest in activities
* Low/Decreased motivation
* Worries excessively
* Difficulty sleeping/Sleeps too much
* Restless/On edge
* Specific fears/phobias
* Clingy behavior
* Appears distracted
* Difficulty concentrating
* Talks excessively
* Gets out of seat and moves constantly
* Interrupts others/Talks out
* Inattentive/Easily Distracted
* Disorganized/Loses things

**3. How often does the described behavior occur? 4. How long has the behavior been occurring?**

* Several times a day □ Just started
* Daily □ Several days
* 1-2 times per week □ Several Weeks
* A few times a month □ Several Months
* Rarely □ Ongoing from previous year

**5. Where do most of the described behavior problems occur?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Are you aware of any past or current interventions?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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