

Mental Health Services and Support Referral Form

The purpose of this referral form is to allow school staff to refer students who may be experiencing distress related to mental health issues (i.e. depression, anxiety, lack of control, etc.). Completion of this form will initiate contact between the Mental Health Specialist and the student. As we are bound by Michigan laws regarding access to mental health services and HIPAA regulations regarding privacy and confidentiality, the referring source will only be notified that contact was made or attempted – information regarding treatment will not be shared without a signed disclosure form.

Student's Name: _____ D.O.B.: _____

Grade: _____

Parent Name: _____ Date Contacted: _____ Phone: _____

Please check any of the following concerns you have regarding the student:

- Verbally abuse
- Frequent suspensions
- Change in school performance
- Lacks concentration and motivation
- Aggressive
- Appears depressed
- Suicidal talk
- Self mutilates
- Known stress at home
- Relationship issues
- Peer concern
- Parental concern
- Other: _____

Please identify one or more strengths this student has:

- Wants to improve
- Accepts responsibility
- Resourceful
- Organized
- Has friends
- Accepts others
- Able to problem solve
- Other: _____

Person Referring: _____ Room #: _____ Date Completed: _____