SAMPLE SCHOOL-BASED BEHAVIORAL HEALTH REFERRAL FORM: PARENT OR GUARDIAN

Date: _____

Name of child: _____

Your name: _____

Relationship to child: _____

The school's school-based behavioral health 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: _____

Who does your child live with? (Check all that apply)

☐ Biological parents
☐ Adoptive parents
☐ Foster parents
☐ Relative care
☐ Group home
☐ Other: Click or tap here to enter text.

Desired language of service?

☐ English
☐ Spanish
☐ Other: _____

Does your child have an individualized education plan (IEP)?

☐ Yes
☐ No
☐ I do not know

Area of concern (check all that apply and please describe):

☐ 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
☐ Nightmares, intrusive thoughts
☐ Anxious, fearful, or irritable mood
☐ Jumpy or easily startled
☐ Avoids reminders of trauma
☐ Aggressive
☐ Sexualized play or behaviors
☐ Difficulty concentrating
☐ Talks excessively
☐ Gets out of seat/moves constantly
☐ Interrupts/blurts out responses
☐ Inattentive, distractible, forgetful
☐ Disorganized, makes careless mistakes
☐ Angry towards others and/or blame others
☐ Fights and/or is aggressive

☐ Sad, depressed or irritable mood
☐ Hopelessness, negative view of future
☐ Low self-esteem, negative statements
☐ Difficulty concentrating
☐ Diminished interest in activities
☐ Low or decreased motivation
☐ Anxious and/or fearful
☐ Worries excessively
☐ Difficulty sleeping
☐ Restless and/or on edge
☐ Specific fears or phobias
☐ Difficulty concentrating
☐Clingy behavior
☐ Appears distracted
☐ Argumentative and/or defiant

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, has your child ever received any support or interventions for this behavior in the past?

To your knowledge, is your child receiving any support or interventions for this behavior currently?

What do you think will help your child experience success?

Adapted from: Los Angeles Unified School District School Mental Health Referral from, available at: http://achieve.lausd.net/Page/7249