SAMPLE SCHOOL-BASED BEHAVIORAL HEALTH REFERRAL FORM: SCHOOL STAFF

Name of student: _____ Student #: _____

Date: _____ Your name: _____

Relationship to student: _____

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: _____

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 or blames 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, what interventions have previously been tried?

In-school supports: _____

Outside of school supports: _____

To your knowledge, what interventions are currently in place?

In-school supports: _____

Outside of school supports: _____

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

_____

_____

_____

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