

SAMPLE SCHOOL-BASED BEHAVIORAL HEALTH REFERRAL FORM: SELF OR PEER

Date: _____

Your Name: _____

Student Number: _____

Who are you looking for support for?

Myself

Another student at my school: Name of student: _____

The school-based behavioral health team may wish to contact you to understand your concerns better.

Yes, it's ok to contact me

No, please don't contact me

Please share the reason you are seeking support for yourself or another student:

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 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

Please share any additional information you would like the behavioral health team to know:
