

Counseling/SAP Referral Form

Student: _____

Grade: _____

Teacher: _____

Have you contacted a parent about this concern? Yes (date: _____) No

When is the best time for the Counselor/SAP to see the student (please include day of week & time)? _____

Please check all that apply:**Physical Concerns:**

- Frequent requests to see nurse
 Physical complaints

Sleep:

- Sleeps in class
 Reports they don't sleep at night

Self-Injury:

- Has visible wounds/scars
 Made comments about

Suicidality:

- Suicidal ideation
 Threat to harm self
 Previous suicide attempt

Sexual Behavior:

- Dresses provocatively
 Repeated issues with touching others

Anxiety/Depression/Self-Esteem:

- Nervous
 Self-conscious
 Constantly seeking approval
 Perfectionistic
 Self-deprecating
 Often absent/avoids school
 Excessive shyness
 Becomes uncommunicative
 Overly hesitant
 Lonely/frequently alone
 Sad
 Mood swings
 Cries easily/for no reason
 Irritable
 Increased non-involvement
 Verbalizes hopelessness
 Does not interact with others
 Loss of extracurricular interest

Strengths:

- Works well independently
 Creative
 Displays leadership ability
 Cooperative
 Keen insight in problem solving
 Accepts suggestions
 Appears self-confident
 Frequently contributes to class
 Popular with classmates
 Happy, easy going
 Courteous
 Does assignments promptly
 Effective group participant
 Communicates well in groups
 Expresses thoughts well
 Involved in sports
 Involved in Extracurricular Activities
 Other: _____

Substance Use:

- Alcohol
 Tobacco/Cigarettes
 Marijuana
 Vaping
 Prescription Drugs
 Talks freely about use
 Parental substance abuse

Struggles with Change:

- Upset when change in routine
 Obsessive thoughts
 Refusal to try anything new

 Other: _____**Social Concerns:**

- Lacks age appropriate social skills
 Does not engage with peers
 Continually in conflict with peers
 Victim of bullying
 Does not make eye contact
 Has imaginary friends
 Teased by peers
 Ignored by peers
 Unable to see other's perspective
 Socially unaware
 Change in friends
 Gang related behaviors
 Lies
 Boundaries/personal space issues

Family Concerns:

- Conflict within the home
 Deployment
 Incarceration (who? _____)
 Divorced/Separated parents
 Suspect abuse/neglect
 DSS involvement?
 Homelessness
 Group home placement
 Lack of supervision

Grief/Loss:

- Recent death of family/friend
 Crying/upset
 Statements about missing someone

Inattention:

- Daydreaming
 Does not pay attention
 Easily distracted

Motivation:

- Decline in motivation
 Unprepared for class
 Drop in grades
 Failing

Background/other information:
