



**MENTAL HEALTH/BEHAVIORAL REFERRAL FORM**

**Name of student:** \_\_\_\_\_ **Name of referral source:** \_\_\_\_\_

**Relationship to scholar:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Reason for Referral		
Please indicate why this referral is necessary:		
Academic Concerns	Emotional/Psychological Concerns	Behavioral Concerns
Social Concerns	Attendance Concerns	Family Concerns

Underline/Highlight the specific areas of concern:	
Easily distracted Depressed mood Poor / deteriorated hygiene Mood swings Anxious moods Crying / tearfulness Anger outbursts Sudden change in mood or behavior Parental divorce / separation Out-of-home placement Suspected substance abuse Homeless Death of family / friend Frequent somatic complaints (Headaches, stomachaches, etc.) Isolates from peers Recent withdrawal from friends Excluded by peers / lacks significant friend	Verbally threatening / aggressive Physically aggressive Disruptive behaviors Inappropriate language / gestures Inappropriate sexual behaviors Destruction of property Lethargic / sleeping in class Attention-seeking behaviors Argumentative Disrespectful behaviors Refusal to comply with rules / requests Excessive dislike of school Excessive absenteeism Excessive tardiness Failure to complete or return homework Failure / refusal to complete tasks Slipping grades Bullied by others

**Brief Description of Presenting Problem**

**If Behavioral, where does the problem occur and how often is this behavior occurring and how long has this behavior been occurring?**

**(i.e., Reading time, several times a day, once or twice a week, several weeks, several months)**

**What techniques have you already tried to help the student meet behavioral/emotional expectations? *Please underline or highlight techniques that have been tried***

Posted rules for the whole class  
Denied desired items/activities  
Immediate feedback  
Teacher-student contract  
Positive verbal reinforcement  
Ignored the behavior(s)  
Offered options/choices

Reward System  
Detention  
Notes/phone calls to parents  
Referral to the school counselor  
Rearranged physical setting  
PBIS/RTI  
Principal Referral

Specific Tier 1 Support  
Specific Tier 2 Support  
Specific Tier 3 Support

***Note: Please email mental health referrals to Ms. Evans and behavioral referrals to Dr. Smiley. Thanks in advance. Email addresses are as follows:***

[kenyettaevans@selmacityschools.org](mailto:kenyettaevans@selmacityschools.org)

[alisa.smiley@selmacityschools.org](mailto:alisa.smiley@selmacityschools.org)