Mental Wellness Review Committee
REFERRAL FORM

SCHOOL YEAR ____________

This referral form must be completed prior to committee consideration. Please complete all information, then sign and date.

Student Name: ________________________ Student ID# _________________ DOB ________

Home Address: ____ Phone: ________________

Referring School: ___________________________ Grade: ___________ ESE □ Yes □ No

Parent/Guardian: ____________________________________ Work Phone: ________________

If under Court, DCF, or other agency supervision, give the following information:

Agency/Counselor Name: ______________________________ Phone: ____________________

Committee Review Criteria

Student will be considered by the Mental Wellness Review Committee if one or more of the following characteristics is documented and checked.

□ **A MENTAL HEALTH RECORD** indicated by (check all that apply):

- □ Baker Act Assessments. If so, how many? _______
- □ Baker Act Hospitalizations. If so, how many? _______
- □ Currently receiving counseling/mental health services. Please list provider if known: ____
- □ A profile of behavior related to mental health which endangers the safety and security of self or others. (explain) ____________________________________
  ____
  ____
  ____
- □ Conduct/incident in question has a direct relationship to student's mental health. (explain) ____
  ____
  ____
  ____

□ **A DISCIPLINE RECORD** indicated by (check all that apply):

- □ A profile of behavior which endangers the safety and security of other students and school staff.
- □ Behaviors which persistently interfere with the learning of self and/or other students (including encouraging and involving other students in truancy).
- □ Drug/Alcohol involvement (name substance) ______________________________

Interventions previously attempted: (check all that apply)

□ psychological evaluation	□ alternative education program
□ parent conference	□ in-school suspension
□ out-of-school suspension	□ counseling
□ mentoring program	□ change in instruction

□ Other ____

Referred by: ____________________________________ Title: ____________________________
(Signature)

Date of Referral _________________________________