

**SCHOOL-BASED MENTAL HEALTH COUNSELING TEAM**  
**REFERRAL PROCESS**

Student is identified for possible referral by:

- |   |   |
|---|---|
| <input type="checkbox"/> Parent             | <input type="checkbox"/> DSS Worker           |
| <input type="checkbox"/> Teacher            | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Guidance Counselor | <input type="checkbox"/> Other: _____         |

School Guidance Counselor completes the referral form and consults with District 4 Lead Mental Health Therapist to determine appropriateness of referral. Referral then is determined appropriate for school mental health services with District 4 or with Spartanburg Area Mental Health School Based Counselor assigned to the student's school.

If appropriate for school mental health services, District 4 Lead Mental Health Therapist contacts parent/guardian and provides the following information:

- School-based mental health services with District 4 offers individual, group, and family therapy options based on student's needs.
- Parent permission is required prior to initiation of treatment.
- Intake Scheduled with District 4 Lead Mental Health Therapist.

If more appropriate fit for Spartanburg Area Mental Health School Based services, District 4 Mental Health Therapist will give referral to SAMHC School based clinician who will contact parent/guardian and provides the following information:

- School-based mental health services offer individual, group, and family therapy and may include psychiatric evaluation at Spartanburg Area Mental Health
- Instruct parent/guardian the School-based counselor will contact the parent/guardian within 10 days.
- There is a fee for these services and the Spartanburg Area Mental Health Center offers several options to make services economically feasible for all families.
- Parent permission is required prior to initiation of treatment.
- Intake Scheduled with SAMHC School Based Counselor.

School Guidance Counselor will provide copies of the following to the District 4 Mental Health Counselor or SAMHC School-based Counselor if needed:

- Complete referral form
- Student's class schedule
- Most recent report card
- Attendance report
- Disciplinary report

The referral will be contacted with three documented attempts. If a parent/guardian has not responded to the attempts of contact within 10 working days, the D4 Mental Health therapist or SAMHC School-based Counselor will mail a follow-up letter to the parent/guardian. School Guidance Counselor or referring party will be notified of the referral status.



**Please note observed behaviors:**

- Behavioral
- Unusual mood swings
- Emotional outbursts
- Inappropriate sexual behavior
- Inability to form and maintain friends
- Frequent arguments and/or fights
- Suicidal ideations
- Homicidal ideations
- Involved with legal system
- Suspected substance abuse
- Often seems sad, unhappy, withdrawn
- Threatens harm to self or others
- History of violence to others
- Run away from home overnight
- Deliberate and severe damage to property
- Consistently exhibits self-destructive and /or self-mutilative behaviors
- Suspected purging after meals, lying, or limiting food intake
- Behavior and / or thoughts consistently bizarre or extremely odd
- Deliberately and severely cruel to animals
- Impulsive behavior resulting in dangerous or risky actions
- Predominately relates to others in an explosive or manipulative manner
- Involved in gang-like activities including intimidation of others
- Fears, worries, and / or anxieties which interrupt normal functioning

- School
- Frequent unauthorized absences
- Excessive tardiness
- Difficulty in recalling instructions, assignments, etc.
- Inability to concentrate or focus attention
- Decreased involvement in extracurricular activities
- Habitual drowsiness or sleeping in class
- Recent decline in academic performance
- At risk for expulsion
- Excessive I-S suspensions
- Excessive O-S suspensions
- Easily distracted
- Restless in a squirmy sense
- Actively defiant much of the time
- Persistent failure to comply with reasonable rules / expectations
- Consistently unable to meet minimal requirements for behavior in classroom

Strengths: \_\_\_\_\_  
 \_\_\_\_\_  
 Needs: \_\_\_\_\_  
 \_\_\_\_\_  
 Abilities: \_\_\_\_\_  
 \_\_\_\_\_  
 Preferences: \_\_\_\_\_  
 \_\_\_\_\_

**School Guidance Counselor Signature** \_\_\_\_\_

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**FOR SCHOOL-BASED SERVICES ONLY**

Parent/ Guardian Contacted (At least 3 attempts) and outcome of Contact:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Referral for:** \_\_\_\_\_ D4 Mental Health      \_\_\_\_\_ SAMHC SBC

Appointment Date & Time: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_