

# Valley Community Counseling

School: \_\_\_\_\_

## COUNSELING REFERRAL FORM for School-Based Services

### REFERRING PARTY - COMPLETE TOP PORTION ONLY:

Student's Name: \_\_\_\_\_ Date Referral Submitted: \_\_\_\_\_  
RM# \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
Student's Primary Language: \_\_\_\_\_ Parent's Primary Language: \_\_\_\_\_  
Student's Second Language: \_\_\_\_\_ Parent's Second Language: \_\_\_\_\_

### REASONS FOR REFERRAL:

____ Suicidal Ideation	____ Anxiety	____ Foster care/CPS
____ Attendance problems	____ Defiance	____ Classroom behavior
____ Peer conflict	____ Gender issues	____ Transitions
____ Family dynamics	____ Abuse	____ Other: _____
____ Grief and loss	____ Frequent suspensions	_____
____ Academic difficulties	____ Depressed, sad, withdrawn	_____

### **Comments:**

Student's Behavior: \_\_\_\_\_

Family History: \_\_\_\_\_

Date referring party contacted Parents: \_\_\_\_\_ Previous Counseling: \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Parent response to referring parties phone call: \_\_\_\_\_

Referral submitted by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### TO BE COMPLETED BY COUNSELOR:

Mother's Name: \_\_\_\_\_ Date Referral Received: \_\_\_\_/\_\_\_\_/\_\_\_\_   
Father's Name: \_\_\_\_\_  
Caretaker: \_\_\_\_\_ Specify: stepparent /legal guardian / oth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ email: \_\_\_\_\_

**OUTCOME OF REFERRAL:** 1st attempt contact date: \_\_\_\_\_ 2<sup>nd</sup> attempt contact date: \_\_\_\_\_

- Lack of response     Declined Service     Seen one-time only, no permission slip sent home  
 Permission slip sent to parent     Permission slip received, signed, approved.

VCCS Staff: \_\_\_\_\_

Date chart opened: \_\_\_\_\_