

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| ____ Academic difficulties | ____ Depressed, sad, withdrawn | _____ |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: _____ 2nd 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: _____