

## Referral to School Counselor/School-Based Therapist

**NEXT STEPS:** Once this referral is received by the SBT, the parent will be contacted to give consent for a psychological screening. If the screening indicates symptoms, a Diagnostic Assessment that includes a Medical & Psychological History will be completed. If the student meets Diagnostic & Statistical Manual – 5 criteria for a mental health disorder, they will be admitted into the Rehabilitative Behavioral Health Services Program and an Individual Plan of Care will be developed.

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Student:** \_\_\_\_\_ **Medicaid #:** \_\_\_\_\_

**Referral Source's Name**

**Printed:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Current Grade Level:** \_\_\_\_\_

**Home Room Teacher:** \_\_\_\_\_

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

**Parent/Guardian notified of referral?** Yes / No (*circle one*)

*If yes, who was notified?:* \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<p><b>Special Education:</b> Yes / No (<i>circle one</i>)</p> <p><b>Type of placement:</b> ED LD MD Other Counseling may be added to IEP for <b>ED</b> students.</p>	<p><b>Behavior Plan:</b> Yes / No (<i>circle one</i>)</p> <p><b>Other Services:</b></p>
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### Interventions Required Prior to Referral

**List specific behavior concerns:** \_\_\_\_\_  
\_\_\_\_\_

**List specific Behavior Interventions Offered by Teacher: (include number of times action taken and student response)**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

### School Counselor

**Has student been referred to the Guidance Counselor:** Y or N (Suicidal...Bypass)

**Name of Guidance Counselor:** \_\_\_\_\_

**Circle/list number of documented guidance sessions:** (Attach copies): 3, 4, 5, \_\_\_\_

**List Guidance Counselor's Interventions:** \_\_\_\_\_  
\_\_\_\_\_

## Observed Symptoms Checklist

Check all that apply to the student being referred.

### **Academic Concerns**

- Often easily distracted
- Often talks excessively
- Does not complete classwork
- Does not complete homework
- Does not follow instructions
- Disrupts the class
- Significant drop in grades
- Increase in disciplinary notices
- Poor attendance
- Excessive tardiness

### **Relationships With Adults**

- Does not listen when spoken to directly
- Actively defies adult requests/ rules
- Often argues with adults
- Often interrupts the teacher
- Shows lack of respect for authority

### **Peer Relationships**

- Bullies, threatens or intimidates others
- Appears to have few or no friends
- Initiates arguments with peers
- Initiates physical fights with peers
- Is bullied by others
- Blames others for mistakes / behavior
- Poor Peer Relationships

### **Family / Home**

- Possible financial hardship – the student needs supplies, shoes, etc.
- Illness in the family
- Death in the family
- Change in family living conditions / arrangements
- Needs help adjusting to new school/move
- Seems to concentrate on home life to the point it interferes with school work

### **Emotions**

- Often irritable
- Cries excessively
- Often angry and resentful
- Often loses temper
- Feels / looks sad
- Feels / looks anxious
- Feels / looks afraid
- Disrupts the class
- Depressed mood most of the day
- Low self-concept
- Demonstrates inappropriate emotions in normal circumstances
- Sudden change in emotional health

### **Physical**

- Falling asleep in class
- Fatigue
- Significant weight loss
- Significant weight gain
- Tendency to develop physical symptoms associated with personal or school problems
- Health concerns that interfere with learning problems

### **Safety Concerns**

- Uses weapons to cause harm (or talks about)
- Cruel to animals (or talks about)
- Sets fires (or talks about)
- Signs of self-mutilation (or talks about)
- Signs of neglect (or talks about)
- Signs of substance abuse (or talks about)
- Signs of sexual abuse (or talks about)
- Suicidal Ideation

**TO BE COMPLETED BY THE SCHOOL-BASED THERAPIST**  
**(For SBT records only)**

Student's Name: \_\_\_\_\_

Referral Given to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Referral Received From: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Special Notes: \_\_\_\_\_

**Check if further Staff Consultation is needed:**

\_\_\_\_ N \_\_\_\_ Y: \_\_\_\_ Teacher \_\_\_\_ Parent \_\_\_\_ Other

**Progress Tracking**

\_\_\_\_ Observation(s) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ Parent Consent Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ BHS Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ DA Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Criteria Met: Y or N

\_\_\_\_ IPOC or Consultation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ MCO Submitted Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_ Scheduled for Counseling Sessions (Day/Time \_\_\_\_\_)

Referred to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_