



Referral to NHFCC/NHREC Family Counseling Center

(Please provide all requested information)

School Division: _____ School Name: _____ Date: _____

School Address: _____ Race/Ethnicity: _____

Student Name: _____ Student DOB: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Telephone (home): _____ Telephone (work): _____

Reason for Referral (Check all that apply):

- | | | | |
|--|---------------------------------------|---|---|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Aggression | <input type="checkbox"/> Peer/Social Skills | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> School Discipline | <input type="checkbox"/> Depression | <input type="checkbox"/> Family Communication | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Family Death | <input type="checkbox"/> Abuse/Neglect | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Parent-Initiated | <input type="checkbox"/> ADHD | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Developmental Delays |

Additional Information: _____

Referred by: _____ Title: _____

Address: _____ Telephone: _____

CONSENT TO EXCHANGE CONFIDENTIAL RECORDS

I, the parent/guardian of _____ do request a referral to the New Horizons Regional Education Center Family Counseling Center for the above services. I hereby consent to the exchange of confidential information regarding my son/daughter between _____ Public Schools and NHREC Family Counseling Center. I understand that this material is confidential and will be used only by professionals working with my child.

I would like for NHREC Family Counseling Center to contact me upon receiving this referral form: yes no

(Date)

(Parent/Guardian Signature)

Email completed form to FCEC@wm.edu