

****The School Wavier Sheet MUST be completed to move forward with service. Please email full complete packet to CareTeam@chris180.org and CHRIS180 therapist****

Therapeutic Services Referral Form

Student Information

Date: _____ Age: _____ Gender: Select Below Ethnicity: Select Below
 Student's Name: _____ Birth Date: _____ ****SS#:** _____
 Guardian Name: _____ Address: _____ Phone Number: _____
 Guardian Email: _____

Relationship to Student: Parent/Guardian Grandparent/Great Grandparent Other: _____

**** Social security is needed to check insurance. Families can choose to discuss with therapist, if preferred.**

School Information

School: _____ Grade: Select Below Homeroom Teacher: _____

Does the student have a 504 Individualized Accommodation Plan or Individualized Education Program?

504 Plan IEP

Reasons for Referral (Check All That Apply)

- Academic Performance** **School Conduct Concerns** **Peer Conflict**
- Frequency: (#) _____ times per Day Week Month
- Previous Actions Taken: (Please check below)
- | | |
|---|--|
| <input type="checkbox"/> Behavioral Plan | <input type="checkbox"/> Parent Notification/Involvement |
| <input type="checkbox"/> Caring Adult in the Building (CAB) | <input type="checkbox"/> Peace Corner/Cool Down Room |
| <input type="checkbox"/> Classroom Changes | <input type="checkbox"/> Previous Mental Health Counseling |
| <input type="checkbox"/> Classroom Interventions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Opportunity Gap/Restorative Room | |
- Behavior (outside of school)**
- Trauma**
- Suicidal Thoughts and/or Plans** Current History
- **Was the school social worker notified?** Yes Contacted- no response No
- Self-Harm** Current History
- Depression**
- Anxiety**
- Grief/Loss**
- Family/Community Related Concern**
- Drug and Alcohol Use**
- Health and Wellness Concerns** (Please explain in "Additional Comments" section below)
- Other** (Please Indicate): _____

Additional Comments about Student Behavior or Symptoms

Referral Source – Who is Requesting Services?

- | | | |
|---|---|---|
| <input type="checkbox"/> Student (Self-Request) | <input type="checkbox"/> Teacher | <input type="checkbox"/> School Administrator |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> School Social Worker | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> DFCS or DJJ | <input type="checkbox"/> School Counselor | |