

TCHATT Student Referral Form

Date: _____

Student Name: _____ (First Name - Last Name) Date of Birth: ____/____/____
MM/DD/YY

Gender: _____ Pronouns: She/ Her He/ Him They/ Their Grade: _____

Language: _____ Ethnicity/Race: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Choose one or more of the following:

- | | | |
|-----------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Anger/ Violence / Aggression | <input type="checkbox"/> Arrests: # _____ | <input type="checkbox"/> Anxiety / Worry |
| <input type="checkbox"/> Attention problems | <input type="checkbox"/> Academic issues/ Truancy | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Behavioral problems | <input type="checkbox"/> Depression | <input type="checkbox"/> Hallucinations |
| <input type="checkbox"/> Eating / Appetite | <input type="checkbox"/> Incidents of uses of restraint: # _____ | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Disobedience in school | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Self-harm | <input type="checkbox"/> Drug use | <input type="checkbox"/> Grief / Bereavement |
| <input type="checkbox"/> Sleep issues | <input type="checkbox"/> Suspension: In / Out of school | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Changed schools? Where to? | | _____ |
| <input type="checkbox"/> Juvenile justice alternative education | | _____ |
| <input type="checkbox"/> Disciplinary alternative education | | _____ |

Please provide the following information:

Grade Point Average: _____ Does the student have an Yes
Individual Education Plan (IEP)? No

Number of unexcused absences: _____

Number of discipline referrals: _____ Does the student have a 504 plan? Yes
 No

Please provide any other information that might be useful prior to assessing the student:

Contact information:

Parent / Guardian Name: _____ Phone Number: _____

Email: _____

School District: _____ School Name: _____

School Counselor Name: _____ Phone Number: _____

Email: _____