

OFFICE USE ONLY

DATE RECEIVED _____

CHRISTINE DUNCAN HERITAGE ACADEMY

HEALTH AND WELLNESS/COUNSELING FORM

REFERRAL DATE: ___/___/___

Student Name: _____ AGE: _____ SEX: () MALE () FEMALE

Grade Level: _____ Special Education () Yes () No Teacher: _____

Family Preferred Language: ___ English or ___ Spanish

Parent(s)/Legal Guardian(s): _____

Home Address: _____

Phone contact number: _____ Siblings at CDHA: () Yes () No

Has student ever been retained? () Yes () No Number of days absent: _____

Is student currently passing? () Yes () No

Referring Person's Name: _____ Position: _____

Directions: Please mark all that apply and as many as you suspect from each section..

Family Environment

- () Recent Divorce/Separation () Incarcerated Parent () CYFD Involvement () Home fire
- () Suspected abuse/neglect/abandonment () Living with grandparents or another family member
- () Parent or other family member recently deceased () Recent homelessness and or poverty
- () Family addition Issues/Concern () Issues related to Immigration or deportation
- () Family in crisis/high levels of stress () Family member with chronic or terminal health issues
- () Attendance/Excessive Absences or tardies () Limited access to computer or other resources to complete assignments () Self-Harming
- () Other: _____

School-Related Issues/Social Emotional Concerns

- () Victim of bullying () Student has been identified as a bully or "mean" () Impulse control
- () Inappropriate touching of others () Hoarding food/eating issues () Difficulty making friends
- () Concerning drawings () Displaying signs of depression/anxiety () Relationship Issues-**MS**
- () Runner/Running out of class or away from adults () Defiance () Profanity () Stealing
- () Cheating () Lying () Inability to accept responsibility () Falling asleep in class/daydreaming
- () Excessive crying/tantrums () Lack of maturity () fighting with others
- () COVID Concerns () Nutrition Issues () Other: _____

Academic

- () Failing grades () Low test scores () low reading levels () Hyperactive/potential ADHD
- () Current IEP () Past IEP () 504 Plan-Medical/Academic/Personal () Not turning in homework
- () Other: _____

Summary of Concerns: _____

Have you made contact with the parents regarding your concerns: () Yes () No

Signature: _____ Date: _____