Valley Community Counseling Referral

Non-Behavior Specific Referral

Student Name: School Site: Grade:

Referring Staff: Student Primary Language: Select Date:

Parent Primary Language: Select Student Gender Identity: Select

Reason for Referral:

- ☐ Suicidal Ideation
- ☐ Anxiety
- ☐ Depression
- ☐ Attendance
- ☐ Gender Issues
- ☐ Withdrawn
- ☐ Peer Conflict
- ☐ Abuse
- ☐ Other:
- ☐ Family Concern
- ☐ Trauma

How were you alerted to the issue?

- ☐ Family Member
- ☐ Other
- ☐ Student
- ☐ Personal Observation
- ☐ From a peer of the student

If someone other than the student alerted you, is the student aware of the issue yet?
(i.e. death in family, diagnosis of terminal illness of family member, etc. ***Ensure we are not the ones revealing the issue to the student****)*

☐ Yes ☐ No ☐ Unknown

Is there any other information the VCC counselor needs?