FCS Student Mental Health Referral Form

"Carry each other's burdens, and in this way you will fulfill the law of Christ." Galatians 6:2

Student's Name: _____ **Referred By:** _____

Student's Grade: _____ **Date of Referral:** _____

Reason for Referral: (check all that apply)

Emotional/Behavioral Concerns:

- ☐ Withdrawn or socially isolated
- ☐ Excessive sadness, crying, or hopelessness
- ☐ Anxiety or panic symptoms
- ☐ Angry outbursts or irritability
- ☐ Difficulty managing emotions

Physical Concerns:

- ☐ Frequent somatic complaints (headaches, stomach aches)
- ☐ Noticeable fatigue or sleeping in class

Spiritual/Relational Concerns:

- ☐ Loss of faith or spiritual distress
- ☐ Struggles with identity or purpose
- ☐ Family challenges or grief

Academic Concerns:

- ☐ Sudden drop in grades
- ☐ Lack of focus or motivation
- ☐ Unfinished or missing assignments

Safety Concerns:

- ☐ Talking about self-harm or suicide
- ☐ Expressing thoughts of harming others
- ☐ Evidence or suspicion of abuse or neglect (must report)

Other Concerns (Please explain):

_____
_____
_____
_____
_____

Describe the Behavior or Concern:
(Please be specific: dates, quotes, behavior, patterns, etc.)

_____
_____
_____
_____
_____

Steps Already Taken (if any):

- ☐ Spoke with student privately
- ☐ Contacted parent/guardian
- ☐ Adjusted workload/expectations
- ☐ Provided prayer or spiritual encouragement
- ☐ Other: _____

This form is to be completed in a respectful and discreet manner. All information will be handled with Christ-centered care and professional confidentiality in accordance with school policies and legal guidelines.