



# Valley Community Counseling Referral

Non-Behavior Specific Referral

Student Name:

School Site:

Grade:

Referring Staff:

Student Primary Language:

Date:

Parent Primary Language:

Student Gender Identity:

## **Reason for Referral:**

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Anxiety       | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Attendance        | <input type="checkbox"/> Gender Issues | <input type="checkbox"/> Withdrawn  |
| <input type="checkbox"/> Peer Conflict     | <input type="checkbox"/> Abuse         | <input type="checkbox"/> Other:     |
| <input type="checkbox"/> Family Concern    | <input type="checkbox"/> Trauma        |                                     |

## **How were you alerted to the issue?**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Family Member              | <input type="checkbox"/> Other |
| <input type="checkbox"/> Student                    |                                |
| <input type="checkbox"/> Personal Observation       |                                |
| <input type="checkbox"/> 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?