Valley Community Counseling Referral

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 (Check all that apply)**:**

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- ☐ Withdrawn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

Tier 1 and 2 Interventions Used:

Select . .

. . .

To be completed WITH VCC Counselor

Desired outcome/goal**:**

What metrics will be used to measure progress and success:

How frequently will you progress monitor together**:** Select

What is the maximum amount of weeks student will see VCC? Select

Other notes: