

Confidential Mental Health Referral Form – Individual or Group

Name of Student: _____ Grade _____ Date _____

Your Name: _____ Relationship to student _____

Service requested (circle one): Individual Group

Areas of Concern: (Please circle all that apply)

Academic Behavioral Emotional Family Social Other

Please briefly explain the concern:

How long has this been occurring? (Several months, a few days, etc.)? _____

Is student receiving any other mental health services? Yes No

Do you give us permission to give your contact information to our counselor? Yes No

Best method of contact (enter email or phone number): _____

I give the counselor permission to make contact with the above student in person at Prep?

_____ Yes, please reach out to my student even if you have not been able to reach me

_____ No, I prefer you contact me first

Parent/Guardian signature: _____

Completing this form is the first step, once received by the Principal he/she may contact you for more information. Our counselor has limited availability and we want to make sure we are utilizing her services for as many needs as possible. Once reviewed someone will contact you with the counselor's contact information and if you have indicated we can share your contact information we will also give your information to the counselor. Thank you.

Please return completed form to student's Division Principal AND the School Nurse