

HELENA FLATS COUNSELING REFERRAL FORM

Student's Name: _____ Referral Date: _____

Grade: _____ HR Teacher: _____ Age: _____ Sex: _____

Home Address _____ Home Phone _____

Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Guardian Name: _____ Cell Phone: _____ Work Phone: _____

Referred By: _____

Specific Reason for Referral/Concern: _____

Academic Indicators

Frequent absences
Frequent tardies
Frequent missing assignments
Sudden drop in grades
Academic struggles

Student Strengths and Resiliency Factors

Can work independently
Participates in extracurricular activities
Enthusiastic
Works well in a group
Demonstrates desire to learn
Displays good logic/reasoning
Leader
Creative
Can accept redirection (criticism)
Considerate of others
Good communication skills
Cooperative
Friends / Support system available to student
Demonstrates good problem solving skills

Physical Symptoms

Noticeable change in weight
Sleeping in class
Student reported nausea
Glassy, bloodshot eyes
Unexplained physical injuries
Poor motor skills
Frequent cold-like symptoms
Smells of alcohol/marijuana
Slurred speech
Self abuse
Change in hygiene
Frequently expresses concern with own personal health
Fatigue
Food issues; explain _____
Disoriented
Seems isolated and/or withdrawn
Hungry

Home/School/Family Indicators

Refusal to go home
Hangs around school for no apparent reason
Runaway
Absence of caregiver (student reported)
Other family stresses (student reported) divorce, etc. explain _____

Crisis Indicators

Expresses desire to die
Expresses desire to join someone who has died
Suicide threat, gesture
Recent death of family member, close friend or pet
Sudden change in family situation (homelessness, etc.)