MOUNTAIN COMPREHENSIVE CARE CENTER

WESTERN KENTUCKY

SCHOOL BASED REFERRAL FORM (CONFIDENTIAL)

Student Name_____ Grade_____ Teacher_____

Parent/Guardian Name_____ Phone #_____

Referred by: _____Teacher _____Parent _____Principal ____Guidance Counselor _____Other

<u>Reason for Referral</u> – problems/concerns related to: (please check all that apply)

[ ] Academics	**[ ] Aggression/Anger**	**[ ] Defiant**
[ ] Dramatic change in Behavior	**[ ] Swearing**	**[ ] Hurts self**
[ ] Self-image/Confidence	**[ ] Fighting**	**[ ] Stealing**
[ ] Organization	**[ ] Lying**	**[ ] Destruction of Property**
[ ] Easily Distracted	**[ ] Bullying**	**[ ] Peer Relationships**
[ ] Nervous/Anxious	**[ ] Disrespectful**	**[ ] Inattentive**
[ ] Family Concerns	**[ ] Impulsive**	**[ ] Grief**
[ ] Sadness	**[ ] Motivation**	**[ ] Social Skills**
[ ] Withdrawn	**[ ] Absences**	**[ ] Over Active**

[ ] Other: _____

Have you contacted the parent/guardian about your concern: Yes / No Date: _____

Clarify Referral Problem/ History:

_____

_____

_____

What other services is the child receiving (outside of counseling, medication management, etc.)?

_____

_____ _____

Signature of Referral Source **Date of Referral**