MCPS MENTAL HEALTH FACULTY REFERRAL FORM

Student Name _____ Grade _____ DOB_____

School _____ Referral Date _____

Parent/Guardian _____ Parent/Guardian Contact # _____

Referring Teacher/Staff _____ Position _____

Is this referral urgent?	☐ Yes	☐ No	
Have you spoken with a parent/guardian regarding a referral?	☐ Yes	☐ No	
Does the child have TennCare Insurance?	☐ Yes	☐ No	☐ Unknown
Are there any agencies currently working with the student?	☐ Yes	☐ No	☐ Unknown

If yes, list the name of the agency and phone number, if possible.

_____

Specific Concerns (check all that apply)

- ☐ Anxious, worried, panic attacks
- ☐ Argumentative and oppositional
- ☐ Bullying
- ☐ Confused thinking
- ☐ Family concerns/conflict
- ☐ Family history of domestic violence
- ☐ Fighting/Aggression
- ☐ Frequent Suspensions
- ☐ Health concerns
- ☐ History of mental illness
- ☐ Hostile, defiant
- ☐ Hyperactive, inattentive, impulsive
- ☐ In foster care
- ☐ Indictors of abuse/neglect
- ☐ Involvement with DCS
- ☐ Involvement with Juvenile Justice
- ☐ Lack of emotional expression/empathy
- ☐ Low academics
- ☐ Low self-esteem
- ☐ Medical neglect
- ☐ Obsessions/compulsions
- ☐ Overly shy, timid
- ☐ Poor anger management
- ☐ Poor communication skills
- ☐ Poor motivation
- ☐ Poor social skills
- ☐ Sad, tearful, depressed
- ☐ Self-harm
- ☐ Sleep/appetite
- ☐ Subsistence needs
- ☐ Substance abuse
- ☐ Sudden change in behavior/observable mood swings
- ☐ Suicidal/homicidal thoughts, acts, statements
- ☐ Tardiness, truancy
- ☐ Withdrawn, Isolated
- ☐ Other concerns _____

****Please complete the referral and return to the school counselor****

School Counselor Use Only

REFERRAL ASSIGNED TO: ☐ **School Counselor** ☐ **Centerstone** ☐ **Mental Health Cooperative**

☐ **Other** (specify): _____

ASSIGNMENT DATE _____

Revised: July 2017