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.

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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- Withdrawn, Isolated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