

# Valley Community Counseling

School: Sierra High School

## COUNSELING REFERRAL FORM for School-Based Services

### REFERRING PARTY - COMPLETE TOP PORTION ONLY:

Student's Name: \_\_\_\_\_ Date Referral Submitted: \_\_\_\_\_

RM# \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_

Student's Primary Language: \_\_\_\_\_ Parent's Primary Language: \_\_\_\_\_

Student's Second Language: \_\_\_\_\_ Parent's Second Language: \_\_\_\_\_

### REASONS FOR REFERRAL:

- |                            |                                |                         |
|----------------------------|--------------------------------|-------------------------|
| ____ Suicidal Ideation     | ____ Anxiety                   | ____ Foster care/CPS    |
| ____ Attendance problems   | ____ Defiance                  | ____ Classroom behavior |
| ____ Peer conflict         | ____ Gender issues             | ____ Transitions        |
| ____ Family dynamics       | ____ Abuse                     | ____ Other: _____       |
| ____ Grief and loss        | ____ Frequent suspensions      | _____                   |
| ____ Academic difficulties | ____ Depressed, sad, withdrawn | _____                   |

### **Comments:**

Student's Behavior: \_\_\_\_\_

Family History: \_\_\_\_\_

Date referring party contacted Parents: \_\_\_\_\_ Previous Counseling: \_\_\_ Yes \_\_\_ No \_\_\_ Unsure

Parent response to referring parties phone call:

Referral submitted by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### TO BE COMPLETED BY COUNSELOR:

Mother's Name: \_\_\_\_\_ Date Referral Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_

Caretaker: \_\_\_\_\_ Specify: stepparent /legal guardian / oth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ email: \_\_\_\_\_

**OUTCOME OF REFERRAL:** 1st attempt contact date: \_\_\_\_\_ 2<sup>nd</sup> attempt contact date: \_\_\_\_\_

- Lack of response     Declined Service     Seen one-time only, no permission slip sent home  
 Permission slip sent to parent     Permission slip received, signed, approved.

VCCS Staff: \_\_\_\_\_

Date chart opened: \_\_\_\_\_