



STUDENT REFERRAL FORM

Please complete the following information to the best of your knowledge and return to the grade level counselor *who will be the first point of contact.*

IF THIS IS AN EMERGENCY CALL 911 and CONTACT A LACHSA ADMINISTRATOR.

To Be Completed by Faculty, Counselor or Staff Member of LACHSA

STUDENT NAME: _____ DOB: _____ TODAY'S DATE: _____

ARTS DEPARTMENT: _____ GRADE: _____ PHONE #: _____

REFERRED BY: _____ HOME LANGUAGE: _____

BEST WAY TO REACH STUDENT/FAMILY: Email: _____ Phone: _____

REASON FOR REFERRAL: _____

PREVIOUS INTERVENTIONS TRIED BEFORE REFERRAL: _____

SPECIFIC STUDENT NEEDS/SERVICES REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> COUNSELOR - ACADEMIC | <input type="checkbox"/> CONFLICT MEDIATION |
| <input type="checkbox"/> COUNSELOR - COLLEGE/CAREER | <input type="checkbox"/> SUPPORT GROUP |
| <input type="checkbox"/> COUNSELOR - PERSONAL CHECK-IN/SUPPORT | <input type="checkbox"/> ATTENDANCE |
| <input type="checkbox"/> MENTAL HEALTH SUPPORT | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> SCHOOL NURSE - MEDICAL SERVICES | |

IF RELEVANT, PLEASE INDICATE THE FOLLOWING:

Academic Concerns:

- Attendance Concern
- Remote Learning Adjustment

New **Escalating**

- Organization/time management
- Academic Performance

Emotional/Behavioral Concerns:

- Remote Learning Adjustment
- Sad/Depression
- Sexual/Physical Assault Victim
- Moody/Irritable/Aggressive
- Pregnant/Parenting Teen

New **Escalating**

- Low Self Esteem
- Suspected Eating Disorder
- Sudden changes in Thoughts/Behavior
- Peer Relations/bullying/conflict

- Stress
- Anxiety
- Suicidal Ideation
- Grief/Loss
- Other: _____

Family Concerns:

- Divorce/Separation Concern
- Domestic Violence
- Job Loss/Financial Changes

New **Escalating**

- Illness/Death of Family Member
- Homeless/Unstable Living Situation
- Adjustment to New Community

- Parent/Child Relational
- Food insecurity
- Transportation insecurity

Substance Abuse/Use:

- Concern for student

New **Escalating**

- Student needs support with close friend/family member abuse/use

OFFICE USE ONLY

DATE REFERRAL RECEIVED _____ RECEIVED BY _____

ATTEMPTED CONTACTS (Date and Attempt Made):

- 1) _____ 3) _____
 2) _____ 4) _____