

Room B-130
288-3130 ext. 2130

STUDENT ID NUMBER: 890
Form Completed by: _____
Your role: _____

EAST HIGH SCHOOL STUDENT SUPPORT CENTER REFERRAL FORM

Today's date: ____ / ____ / 20 ____

Student's name: _____
(First) (Last)

Student's birthday: ____ / ____ / ____ Grade: ____

What is the specific reason for referral today? (please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Family | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> School | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Poor academic performance | <input type="checkbox"/> Temporary housing |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Food |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Clothing |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Peer mediation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Community service |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Youth development |
| <input type="checkbox"/> Anger | <input type="checkbox"/> College Prep |
| <input type="checkbox"/> Other | <input type="checkbox"/> Extracurricular activities |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Art/ Music/ Drama |
| <input type="checkbox"/> Sexuality | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Other |

☐ Other, please specify:

Please provide any additional comments: (more space available on back of form)

Is this student already receiving services from another provider?
(ie. Social Worker, Therapist, Community Agency)

☐ Yes ☐ No

Does this student require immediate attention?

☐ Yes ☐ No

Is this student enrolled in the Health Center?

☐ Yes ☐ No

Is the referring person requesting referral status updates?

☐ Yes ☐ No

Does the student consent to the requested referral status updates?

☐ Yes ☐ No

student initials _____

I am voluntarily seeking a referral to East
High School's Student Support Center.

(Student Signature)

PLEASE RETURN COMPLETED FORM TO STUDENT SUPPORT CENTER MAILBOX

(rev. 11/12)