



Date of Referral

SCHOOL-BASED BEHAVIORAL HEALTH SERVICES REFERRAL

Student's Last Name		Student's First Name		SS #
Current School	Grade	Homeroom # / Teacher		Date of Birth
Home Address (Include Apt. No.)			Zip Code	Home Telephone
Parent / Guardian Name		Parent / Guardian Notified of Referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternative Telephone

Name & Title of Person Initiating Referral	Contact Information	Best Time to Contact
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Other Social Service Agency Involvement <input type="checkbox"/> DCFS <input type="checkbox"/> Unknown <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: <input type="checkbox"/> Court System	Name of Agency	Type of Service
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Rate all of your concerns. Circle the top three concerns.

N/A = Not observed, 1 = Never, 5 = Always

Aggression: Arguing, forcing submission, bullying, fighting, stealing N/A 1 2 3 4 5
Disruptive Classroom Behavior: Defiance, noncompliance (teacher/school), not following rules, out of designated area N/A 1 2 3 4 5
Hyperactive Behavior: Tantrums, disturbing others, excess energy N/A 1 2 3 4 5
Withdrawn Behavior: prefer being alone, non-participation, unresponsive to social initiations, not talking with others N/A 1 2 3 4 5
Depressed Mood: Overall sadness, low/restricted activity levels, crying, poor appetite N/A 1 2 3 4 5
Unassertiveness: Shy, being timid, not standing up for one's self N/A 1 2 3 4 5
Anxiety: Acting in fearful manner, appears overly stressed, inability to cope with daily functioning N/A 1 2 3 4 5
Other:
Suspected Neglect / Abuse (Check all that apply) <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> sexual <input type="checkbox"/> educational

Please provide supporting detail and/or attached supporting documentation



SCHOOL-BASED BEHAVIORAL HEALTH REFERRAL FOLLOW-UP

Dear _____,

Thank you for referring _____ to Beech Brook for School-Based Behavioral Health Services. As of today:

- This student's case has been opened with Beech Brook
- This student was placed on Beech Brook's waiting list.
- I have been unsuccessful in contacting the parent / guardian.
- The parent / guardian declined services.

If you have any questions or concerns regarding this referral, please contact me at

_____.

Sincerely,

School-Based Therapist

Date