

**Mott Children's Health Center
School-based Behavioral Services
Referral Form**

It is our belief that a student's behavior and the school staff that attempts to address their behavior is an exploratory process towards identifying a solution to the reason for this referral. Please complete the following form to assist the MCHC mental health specialist in identifying what the concern is of the youth identified below.

Student's Name: _____
 D.O.B.: _____
 Race: _____
 Person Referring: _____
 Date: _____
 Grade: _____
 Rm# _____

Please check any concerns you have of the youth:

- Verbally abusive
- Frequent suspensions
- Change in school performance
- Lacks concentration and motivation
- Aggressive
- Appears depressed
- Suicidal talk
- Self mutilates
- Known stress at home
- Relationship issues
- Peer concern
- Parental concern
- Other _____

Please identify one or more strengths this youth has:

- Wants to improve
- Accepts responsibility
- Resourceful
- Organized
- Has friends
- Accepts others
- Able to problem solve
- Other _____

What has been done to address the concern?

 Name of parent / guardian

 Date contacted

ACTION TAKE BY MENTAL HEALTH SPECIALIST

- Treatment
- Mental Health Promotion
- Limited Encounter
- Group