Date of Referral

BELLEFAIRE SCHOOL BASED COUNSELING REFERRAL

Student's Last Name	Student's First Name	Gender	Date of Birth

Current School	Grade	Homeroom # / Teacher	Home Telephone

Home Address (Include Apt. No.)	Zip Code	Mobile Telephone

Parent / Guardian's Name	Parent / Guardian Notified of Referral? ☑ Yes ☐ No	Parent Email Address

Name & Title of Person Initiating Referral	Contact Information	Best Time to Contact

Please mark current concerns (some examples listed next to each symptom)

- ☐ **Aggression/Anger:** Arguing, bullying, fighting, stealing, cursing
- ☐ **Disruptive Behavior:** Not following rules, out of designated area, damaging property
  - ☐ **In Home**
  - ☐ **In School**
- ☐ **Hyperactive Behavior:** Tantrums, disturbing others, excess energy
- ☐ **Withdrawn Behavior:** prefer being alone, non-participation, avoiding others
- ☐ **Depressed Mood:** Overall sadness, low energy, crying, poor appetite, sleeping more or less than normal
- ☐ **Anxiety:** Acting in fearful manner, appears overly stressed, worries a lot
- ☐ **Exposure to trauma or stressor**

Suspected Neglect / Abuse (Check all that apply) ☐ physical ☐ emotional ☐ sexual ☐ educational

Please explain additional concerns below.