Mental Health Support Request

Name of student: ______________________________ Date: ______________

Referred by: ______________________________

Relationship to student: ☐ Teacher/Staff ☐ Parent ☐ Friend ☐ Self

Completed by: ______________________________

Were Parents contacted? Yes, or No If yes, Date ______________

Area of concern (please describe):

☐ Behavioral Concerns:

☐ Social Concerns:

☐ Emotional Concerns:

☐ Physical Health Concerns:

☐ Family Concerns:

☐ Other: ______________

Behavioral/emotional concerns (please mark all boxes that apply):

☐ Exposed to community violence, other trauma
☐ Nightmares, intrusive thoughts
☐ Anxious, fearful or irritable mood
☐ Jumpy or easily startled
☐ Avoids reminders of trauma
☐ Aggressive
☐ Sexualized play or behaviors
☐ Difficulty concentrating

☐ Talks excessively
☐ Gets out of seat and moves constantly
☐ Interrupts and blurts out responses
☐ Inattentive, distractible, forgetful
☐ Disorganized, makes careless mistakes
☐ Angry towards others, blames others
☐ Fights and is aggressive

☐ Low self-esteem, negative self-statements
☐ Diminished interest in activities
☐ Low or decreased motivation

☐ Worries excessively
☐ Difficulty sleeping
☐ Specific fears or phobias
☐ Clingy behavior
☐ Appears distracted

Additional information
☐ Death of a family member
☐ Parents' divorced/remarried
☐ ______________________

How long has this behavior/emotion been observed? (e.g., several weeks, several months)

- ☐ Less than 30 days
- ☐ 30 – 60 days
- ☐ 60- 90 days
- ☐ > 90 days

How often is this behavior /emotion observed? (e.g., several times per day; 1-2 times per week)

- ☐ Monthly; Number of times: _________
- ☐ Weekly; Number of times: __________
- ☐ Daily; Number of times: _________

To your knowledge, what interventions have previously been tried and/or are currently in place?

- In school supports:

  ____

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  ____

- Outside of school supports:

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Additional mental health concerns:

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Return completed form to: Certified School Counselor or School Based Social Worker

Outcomes/Interventions: ____

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