



**MOUNTAIN COMPREHENSIVE CARE CENTER
WESTERN KENTUCKY**

SCHOOL BASED REFERRAL FORM (CONFIDENTIAL)

Student Name _____ **Grade** _____ **Teacher** _____

Parent/Guardian Name _____ **Phone #** _____

Referred by: _____ **Teacher** _____ **Parent** _____ **Principal** _____ **Guidance Counselor** _____ **Other** _____

Reason for Referral – problems/concerns related to: (please check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Academics | <input type="checkbox"/> Aggression/Anger | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Dramatic change in Behavior | <input type="checkbox"/> Swearing | <input type="checkbox"/> Hurts self |
| <input type="checkbox"/> Self-image/Confidence | <input type="checkbox"/> Fighting | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Organization | <input type="checkbox"/> Lying | <input type="checkbox"/> Destruction of Property |
| <input type="checkbox"/> Easily Distracted | <input type="checkbox"/> Bullying | <input type="checkbox"/> Peer Relationships |
| <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Inattentive |
| <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Grief |
| <input type="checkbox"/> Sadness | <input type="checkbox"/> Motivation | <input type="checkbox"/> Social Skills |
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Absences | <input type="checkbox"/> Over Active |

Other: _____

Have you contacted the parent/guardian about your concern: Yes / No **Date:** _____

Clarify Referral Problem/ History:

What other services is the child receiving (outside of counseling, medication management, etc.)?

Signature of Referral Source

Date of Referral