

Room B-130
288-3130 ext. 2130

STUDENT ID NUMBER: 890
Form Completed by: _____
Your role: _____

EAST HIGH SCHOOL STUDENT SUPPORT CENTER REFERRAL FORM

Today's date: ___ / ___ / 20___	
Student's name: _____ (First) (Last)	
Student's birthday: ___ / ___ / _____	Grade: _____

What is the specific reason for referral today? *(please check all that apply)*

<input type="checkbox"/> Family	<input type="checkbox"/> Substance use
<input type="checkbox"/> School	<input type="checkbox"/> Grief and loss
<input type="checkbox"/> Poor academic performance	<input type="checkbox"/> Temporary housing
<input type="checkbox"/> Behavior	<input type="checkbox"/> Food
<input type="checkbox"/> Attendance	<input type="checkbox"/> Clothing
<input type="checkbox"/> Medical	<input type="checkbox"/> Employment
<input type="checkbox"/> Mental health	<input type="checkbox"/> Peer mediation
<input type="checkbox"/> Depression	<input type="checkbox"/> Community service
<input type="checkbox"/> Suicide	<input type="checkbox"/> Youth development
<input type="checkbox"/> Anger	<input type="checkbox"/> College Prep
<input type="checkbox"/> Other	<input type="checkbox"/> Extracurricular activities
<input type="checkbox"/> Parenting	<input type="checkbox"/> Art/ Music/ Drama
<input type="checkbox"/> Sexuality	<input type="checkbox"/> Sports
<input type="checkbox"/> Legal	<input type="checkbox"/> Other
<input type="checkbox"/> Other, please specify: _____	

Please provide any additional comments: *(more space available on back of form)*

Is this student already receiving services from another provider?
(ie. Social Worker, Therapist, Community Agency) ___ Yes ___ No

Does this student require immediate attention? ___ Yes ___ No

Is this student enrolled in the Health Center? ___ Yes ___ No

Is the referring person requesting referral status updates? ___ Yes ___ No

Does the student consent to the requested referral status updates? ___ Yes ___ No
student initials _____

I am voluntarily seeking a referral to East High School's Student Support Center. _____
(Student Signature)