

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: _____ <span style="display: block; text-align: center;">(First) <span style="margin-left: 150px;">(Last)</span></span>	
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)*

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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)*