AWARE Referral Form

REQUEST FOR SCHOOL COUNSELING SERVICES **DATE: ___ / ___ / _____**

Our school district aims to promote mental health awareness and expand access to mental health services in our schools to increase health and wellness of students, families, and the community. Please complete this form to submit a request to the school counselor for counseling services or support for any student experiencing emotional or behavioral concerns.

Student Information

1. **Student Full Name** _____ 2. **Student DOB** _____
3. **Student Grade** _____ 4. **Homeroom Teacher** _____ 5. **School** _____
6. **Student Gender** _____ 7. **Special Education?** O Yes O No

8. **Student Race/Ethnicity**
   - O American Indian/Alaska Native
   - O Asian
   - O Black or African American
   - O Hispanic or Latino
   - O Native Hawaiian/Other Pacific Islander
   - O White
   - O Other

9. **Parent/Guardian Name** _____ 10. **Phone Number** _____
11. **Parent/Guardian Address** _____

Person Requesting Services

12. **Your Full Name** _____
13. **Your Phone Number** (_____) _____ - _____ 14. **Email Address** _____
15. **Relationship to the Student**
    - O Parent/caregiver
    - O Teacher
    - O Other _____
    - O School Counselor
    - O Administrator

Request Information

16. **Reason(s) for Request (Circle all that apply)**
    - a. Academic concerns
    - b. Physical health concerns
    - c. Chronic absenteeism
    - d. Behavior Concerns
    - e. Emotional Concerns
    - f. Family Concerns
    - g. Transitioning back to school
    - h. Social Concern
    - i. Substance use
    - j. Suicide/ Self-harm
    - k. Other (Describe): _____

17. **Referral Description:** Please provide the approximate date the concern was first observed and describe the specific challenges or issues the student has been experiencing, what has been done to address the concern, and what resulted from the actions taken.

_____

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For teachers, administrators, or other school personnel:

18. **Have the student's parents been contacted regarding this concern?** O Yes O No
    Related comments: _____