

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? Yes No
- 8. Student Race/Ethnicity
 - American Indian/Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian/Other Pacific Islander
 - White
 - 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
 - Parent/caregiver
 - Teacher
 - Other _____
 - School Counselor
 - 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.

For teachers, administrators, or other school personnel:

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