

Corbin School District

Mental Health Counseling Referral

Student's Name: _____

Age: _____

Referred By: _____

Grade: _____

Reason for Referral:

Check behaviors that apply to this Youth:

_____ Escalating Negative

_____ Fighting

_____ Hyperactive

_____ Truant

_____ Restless

_____ Injuring Self

_____ AWOL Risk (school)

_____ Property Destruction

_____ Lying

_____ Running Away for Home

_____ Stealing

_____ Substance Abuse

Is there anything else you feel we should know about the youth that would help us in assessment? _____

Submitted By: _____

Title: _____

Date: _____

Received By: _____

Date: _____