



# Oriole Nation Heals Staff Member Mental Health Services Referral Form

*It Takes a Village*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Phone#: \_\_\_\_\_

Members of the school problem-solving team may reach out to you to gather more information. Please indicate the best times to contact you:

\_\_\_\_\_

About the Student:

Strengths:

Does the student have an IEP?  Yes  No  Unsure

Areas of Concern: (check all that apply)

Academic  Behavioral  Emotional  Family  Social  Other

Please Explain:

How long has this been occurring?

(several months, few days, etc)

What are you noticing about the student? (check all that apply)

- Anxious/fearful
- Appears distracted
- Clinging to adults
- Difficulty sleeping
- Difficulty concentrating
- Excessive worry
- Restless/appears to be on edge
- Specific fears/phobias
- Aggressive
- Avoids reminders of trauma
- Exposed to community violence
- Irritable/anxious mood
- Jumpy/hypervigilant
- Nightmares/intrusive thoughts
- Decreased motivation
- Depressed/sad/irritable mood
- Hopelessness/negative view of future
- Loss of interest in activities
- Low self-esteem
- Angry towards others/blames others
- Argumentative
- Constantly moving
- Defiant
- Disorganized
- Inattentive/distractible
- Interrupts/blurts out responses
- Physically aggressive
- Sexualized play

How often do these behaviors occur?

(Several times per day, once per week, etc)

What interventions have been tried? Were they helpful?

School:

Home:

What do you think will be helpful to the student?

