



Oriole Nation Heals Parent/Guardian Referral Form

It Takes a Village

Date: _____ Name of child: _____

Your name: _____ Relationship to child: _____

The School's problem-solving team may wish to contact you to discuss your referral concerns. Please provide your contact information.

Phone: _____ Best time to contact: _____

Who does your child live with?

- Biological parents
- Adoptive parents
- Foster parents
- Relative
- Group Home
- Other: _____

Desired language of service?

- English
- Spanish
- Other: _____

Does your child have an individualized education plan (IEP)?

- Yes
- No
- I don't know

Areas of concern:

- Behavioral Concerns
- Social Concerns
- Physical Health Concerns

- Family Concerns
- Other: _____

Check all that apply with child:

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

How often is this behavior occurring?

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

How long have you had concerns about your child?

Have you shared your concerns with a staff member? If so, with whom did you share your concerns?

To your knowledge, is your child currently receiving any supports or interventions for this behavior? For example: coping strategies, visual schedule, sensory breaks, working with outside provider.

What do you think will help your child experience success?

Date Received by School Staff: _____

Initials: _____

Date received by Mental Health Navigator: _____

Initials: _____