



Student Services/Exceptional Student Education  
**Mental Health Interventions Referral Form**

**Student Information**

*To be completed by referring school and sent to District Metal Health Team @ Manning Center*

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender:  Female  Male  
Parent/Guardian Name: \_\_\_\_\_ Parent notified of referral:  Yes  No  
Parent/Guardian Role:  Parent  Step-parent  Legal Guardian  Grandparent  Foster Parent  
 Other: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Other Phone #: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_ Primary Home Language: \_\_\_\_\_  
Insurance (Include Type of Medicaid): \_\_\_\_\_

**Presenting Problem (include SDQ score)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tier 2/3 Interventions Attempted:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Agencies Currently/Previously Involved:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current School Functioning/Criteria Used for Referral (check all that apply):**  
Absent from school:  seldom  1/month  2-3x month  4+/month  
Overall academic performance:  Poor grades  poor skills  low motivation  Change in class participation  
Behavior:  5 or more discipline referrals/increase in discipline referrals  
 Bullying(perpetrator)  
 Withdrawn  
 Frequent visits to nurse  
Trauma:  Abandonment  Domestic Violence  Loss of parent  abuse  Bullying(victim)

**Agency Referred To:**  
\_\_\_\_\_

**Contract funding needed:**  Yes  No  Unsure

**Assistance Needed From Mental Health Specialist:**  
\_\_\_\_\_  
\_\_\_\_\_

**Referred by:** \_\_\_\_\_