



OF SOUTHEASTERN MICHIGAN

### Student Assistance Referral Form

Note: All information on this form may be shared with the student and/or parents and becomes part of his/her assessment records at the CARE Student Assistance Center.

Referral Date: \_\_\_\_\_

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

School District: \_\_\_\_\_

Parents / Legal Guardians: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Screen for: (Check one)     Mental Health     Substance Abuse     Both

Is this student working with a school social worker, counselor or psychologist?     Yes     No

If YES, provide the name, title and phone number of this person:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**Areas of Concern:** In order to better serve the client, it is helpful for the CARE clinician to have as much information as possible about the reasons this student is being referred to the Student Assistance Center.

**Check all that apply:**

- Absenteeism/tardiness
- Change in behavior
- Eating problems
- Anger control
- Decline in performance
- Known alcohol/drug use
- Anxiety
- Depression
- Suspected alcohol/drug use
- Attention problems
- Disruption at school
- Suspension / expulsion

Comments \_\_\_\_\_

**Type of follow-up information requested:**

*(Check at least one)*

- Confirmation of assessment
- Confirmation of assessment & admission to treatment
- Confirmation of assessment & bi-monthly follow up

**\*All follow-up information will be released to the authorizing personnel named below.**

**Referring/Authorizing Personnel:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_ Direct School Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\*Authorizing Personnel Signature: \_\_\_\_\_

*(Required for Fee per Student School Partnership)*

**Please send the signed 2-way release form with referral.** Signing this release by the student and/or parent will assure that all communication between the school district and the Student Assistance Center is in accordance with Federal regulations governing Confidentiality. The Parent Signature is acceptable if the child is under age 13.

**Please fax this referral form along with a signed 2-way release form to the Student Assistance Center.**

**Fax: 586-541-2274**

**Appointments: 586-541-2273**