



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.

Referral Date: _____

Student: _____ DOB: _____

School District: _____

School: _____

School Address: _____

Parent/Legal Guardian: _____ *Telephone Number: _____

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

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 _____

Referring/Authorizing Personnel: (Confirmation of Assessment will be released to the authorizing personnel)

Name: _____ Title: _____

Direct School Phone: _____ Ext _____ Email Address: _____

*Authorizing Personnel Signature: _____

(Required)

Fax or email this referral form along with a signed Release of Information to the Student Assistance Center. The signed Release of Information will assure that all communication between the school district and the Student Assistance Center is in accordance with Federal regulations governing Confidentiality. Parent Signature is required for children under age 18. The Parent Signature alone is acceptable if the child is under age 13. (Please have family call to set an appointment)