Community Service Board of Middle Georgia

APEX School Based Counseling

Universal Referral Form FAX: 478-275-6649

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| **Student’s Information** | | | | | | | |
| **Name: Last, First, Middle Social Security #:** | | | | **Gender:**  **Male  Female** | | **Date of Birth:** | |
| **Address:** | | | |  | | | |
| **Student’s Primary Language:**  **English  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Interpreter Needed:**  **Yes  No** | |  | | **Grade:** | |
| **Does Student currently receive mental health services?  Yes  No** | | | | **If YES, Agency/Provider:** | | | |
| **Parent/Guardian:** | | | | **Telephone:** | | | |
| **Referral Source** | | | | | | | |
| **Name:** | | | **Title:** | | | | **Room #:** |
| **Telephone:** | | | **Email:** | | | | |
| **Name of School:  ECI  Twin City Elementary  Swainsboro Primary  Swainsboro Elementary**  **Swainsboro Middle  Swainsboro High  Jenkins Elementary  Jenkins Middle  Jenkins High** | | | **Waynesboro Primary  Burke Middle  Burke High  SGA Elementary**  **Blakeney Elementary  Screven Elementary  Screven Middle**  **Screven High  Glascock Consolidated  Carver Elementary  Wrens Elem  Jefferson Middle Jefferson High**  **Louisville Academy** | | | | |
| **Referral Source Signature: ­­­­­­­­­** | | |  | | **Date:** | | |
| **Reason for Referral**  **Please indicate why this referral is necessary:** | | | | | | | |
| **Behavior difficulties at school  Grades are impacted  Other school concerns**  **Social concerns at school  Attendance issues  Family concerns** | | | | | | | |
| **Check specific areas of concern:** | | | | | | | |
| Isolates from peers  Anger outbursts  Anxious mood  Argumentative  Attention-seeking behaviors  Bullied by others  Crying/tearfulness  Death of family/friend  Depressed mood  Destruction of property  Disrespectful behaviors  Disruptive behaviors  Easily distracted | Excessive absenteeism  Excessive dislike of school  Excessive tardiness  Excluded by peers  Failure to complete or turn in homework  Failure/refusal to complete tasks  Frequent somatic complaints  Homeless  Inappropriate language/gestures  Inappropriate sexual behaviors  Lethargic/sleeping in class  Mood swings | | | | | Out-of-home placement  Parents’ divorce/separation  Physically aggressive  Poor/deteriorated hygiene  Recent withdrawal from friends  Refusal to comply with rules/requests  Slipping grades/failure to perform at expected levels  Sudden change in mood/behavior  Suspected substance abuse  Verbally threatening/aggressive | |
| **Brief Description of Presenting Problem** | | | | | | | |
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