Acton-Agua Dulce Unified School District
Mental Health Service Professional Demonstration Grant Program

Mental Health Referral Form

Today's Date:	School:		
Student ID:	Grade:		Teacher:
Person completing form:	Title or Relationship:		
Student Name:	DOB:		
Address:	Age:	Grade:	Ethnicity:
	Primary Language:		
Mother's Name:	Father's Name:		
Primary Language:	Primary Language:		
Other Emergency Contacts:			
Holder of Legal Custody:	Type: ❑ Sole ❑ Joint ❑ Court Dependent		
Relationship to Child:	Legal Documentation of Custody? ❑ Yes ❑ No		
Children living in the home:			
Name: Age: School:	Name: Age: School:	Name: Age: School:	
Name: Age: School:	Name: Age: School:	Name: Age: School:	

Student Strengths: Family Strengths:	
Interventions provided with most current dates:	
Remedial Steps Taken:	
❑ Recent Hospitalization (specify):	
❑ Medication (specify): ❑ Allergies (specify):	

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REASONS/CONCERNS (Please check all that apply.)	
Please specify if these are issues for the identified client ❑ Yes ❑ No Whom:	
❑ Suicidal Ideas / Gestures *Please clarify and specify known dates:*	
❑ Suicide Attempt When: How:	
❑ Loss of significant person by death, divorce, separation (who, when?):	
❑ Use of drugs / alcohol / other substances:	
❑ Loss of important peer relationships:	
❑ Apparent alienation / rejection of or by parents / significant others / peers:	
❑ Family issues:	
❑ Difficulties at school:	
❑ Recent involvement with the law:	
❑ Anger / Irritability	❑ No friend / Unable to make friends
❑ Bullying: Intimidation / Aggressive behavior	❑ Withdrawal / Crying / Non-compliance
❑ Taking things that don't belong to him / her	❑ Lack of self control / Impulsivity / Hyperactivity
❑ Easily influenced by others	❑ Gang involvement
❑ Inappropriate behaviors	❑ Sexually acting out
❑ Conflict with peers / parents	❑ Profanity
❑ Anxiety	❑ Lack of interest in school, in social activities
❑ Self criticism	❑ Truancy / Running away
❑ Low self -esteem	❑ Grades slipping
❑ Frequent mood changes	❑ Difficulty Concentrating
❑ Sad mood	❑ Overeating / Loss of appetite
❑ Change in personal appearance	❑ Self-Inflicted Violence (e.g.: cutting)

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❑ Giving away prized possessions	❑ Referrals
❑ Not following adult rules or requests / Oppositional	
❑ Other concerns:	

Parent/Legal Guardian/Rights Holder Name: _____ Date: _____

Parent/Legal Guardian/Rights Holder Signature:_____