Keansburg School District
School Based Youth Services Program
Referral for Mental Health / Counseling Services

Return completed form to J. Bryan Smith, LCSW, Coordinator SBYSP

Please complete this entire form in order to insure the best assessment of your referral.

For emergencies such as a student's threatening to hurt themselves or others, or suspicions that they are under the influence of a chemical substance—follow the district's procedures for emergencies and immediately inform the building administrator who will implement a crisis plan.

Student Name _____ Grade _____ Date of Referral _____

Parent/Caregiver Name_____ Telephone#_____

Classified? Y N If yes: CST Case manager _____(name) Notified Case Mgr of concerns? Y N

_____
Referring Staff (please print)

Do you have an extension you can be reached at?_____
If you cannot be reached at an extension we will contact you via e-mail. Please indicate the best time for a phone or face-to-face conversation should that be necessary. _____

Please be advised that you may receive an e-mail with additional questions concerning this referral. You will receive notification via e-mail regarding the status of this referral. Confidentiality laws prohibit us from disclosing student progress in the program without the student's and parents' written permission.

Please check off all behaviors that you have witnessed or have concerns about:

◊ Conflict Resolution Issues	◊ Angry/Irritable	◊ Bullying/Victim
◊ Relationship Concerns	◊ Anxious/Worried	◊ Overactive
◊ At Risk Pregnancy/STI (male/female)	◊ Sad/Depressed	◊ Impulsive
◊ Conflicted Sexual Identity	◊ Bereavement	◊ Substance Use/Abuse

Brief Description of above: _____

Interventions that have been attempted to address this student's issue:

◊ Conference(s) with student	◊ RTI/504/ Core Team
◊ Conference(s) with student and parent	◊ Outside Agency Involvement
◊ Behavior Plans	◊ _____

******We request that you inform the student that you are making this referral to the SBYSP******

◊ The student has been made aware of this referral.

◊ I have called the parent/guardian,_____ and informed them that I have made this referral

Staff Signature: _____ Date: _____

***PLEASE RETURN COMPLETED FORM EITHER VIA EMAIL TO jsmith@keansburg.k12.nj.us (TITLED "NEW REFERRAL" WITH CLIENT'S INITIALS I.E. "NEW REFERRAL J.D.") OR VIA INTER-OFFICE MAIL IN A SEALED ENVELOPE LABELED "CONFIDENTIAL & ATTENTION: BRYAN SMITH/SBYSP**