

Full Legal Name of Student: _____

Student DOB: _____



VIGO COUNTY SCHOOL CORPORATION

686 Wabash Avenue, P.O. Box 3703, Terre Haute, IN 47803-0703

(812) 462-4011

Student Services Referral Form

Date: _____

Time: _____

Type of Referral

_____ Crisis Assessment (Immediate Assistance) **

➔ Columbia Scale Risk Level (Circle one): Low Moderate High

_____ School Based Counseling Services

_____ Individual _____ Group (Topic: _____)

Student Information

Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Insurance: _____

Area(s) of concern:

_____ Anger or aggression

_____ Irritability toward teachers/adults

_____ Anxiety

_____ Reports of family issues impacting school

_____ Depression

_____ Self-injurious behaviors/ideations

_____ Difficulty or refusal to do school work

_____ Suspected substance use

_____ Difficulty with attention/focus/distractibility

_____ Withdrawn from activities (Isolating self)

_____ Excessive tardiness or absences

_____ Other: _____

_____ Irritability toward peers

Please provide any other important input from home, school, and/or community:

Full Legal Name of Student: _____

Student DOB: _____

School Information

School: _____

Referred By (Name/Title): _____

Telephone: _____ Fax: _____ Email: _____

Agency Information

Referral to: _____

Telephone: _____ Fax: _____

Consent to Release/Exchange Information

I hereby authorize consent for Vigo County School Corporation and _____ (agency) to exchange information in regards to the following student: _____ for the remainder of the _____ school year.

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

*****In the event of a crisis referral, contact Rick Stevens, Assistant Director of Student Services (812-249-2449) if student has not been assessed by the end of the referring school day.***

******If the student referral is in response to a Handle with Care notice, please complete the referral form for additional support services and attach to this form.***

Agency -- Please indicate the outcome of the crisis assessment and send to referring school counselor:

- _____ Return to school with safety plan (please attach safety plan)
- _____ Return to school without safety plan
- _____ Referred to outpatient therapy (Agency: _____)
- _____ Referred to hospital for acute stabilization (Hospital Name: _____)
- _____ Student and parent did not show for crisis assessment.
- _____ Other: _____

Parent/Guardian Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

Project AWARE:

Date received: _____ Approved Not Approved

Assigned agency: _____ Date sent to agency: _____ Initials: _____

Full Legal Name of Student: _____ Student DOB: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

- Low Risk
- Moderate Risk
- High Risk