School Mental Health Program
Referral Feedback Form

To:_____

From:_____

Date:_____

Regarding:_____

Thank you for referring the above student for school mental health services. The status of the referral is as follows:

_____Was unable to contact parent or guardian

_____Student/ family has not responded to appointment requests

_____Student/ family declined counseling services: No consent provided

_____Student was referred for outside evaluation /treatment

_____Student is already receiving mental health services from another provider

_____Student/ family has been reached, evaluation in progress to determine most appropriate services

_____Consent forms were signed by the student/parent/guardian, services initiated

_____Other:_____

Comments:_____

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