



DISC VILLAGE

**NEW HORIZONS
REFERRAL FORM**

Student's Name: _____

Grade: _____

Person Referring: _____

Date: _____

School Name: _____

Check (✓) all that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Suspected use of alcohol, tobacco, and/or other drugs | <input type="checkbox"/> Anger Issues | <input type="checkbox"/> Behavioral Issues |
| <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Depression | <input type="checkbox"/> Family Issues/Struggles |
| <input type="checkbox"/> Poor Decision-Making Skills | <input type="checkbox"/> Suicide Ideation | <input type="checkbox"/> Self-Esteem |
| <input type="checkbox"/> Easily Agitated | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Trauma |
| | <input type="checkbox"/> Emotional Regulation | <input type="checkbox"/> Failing Grades |
| | <input type="checkbox"/> Grief | |

Comments or other observed behaviors:

To be completed by Health and Wellness Specialists

Intake completed ☐ Yes / / ☐ No (*explain*): _____

Health and Wellness Specialists Signature/Credentials

Date