Student’s Name: \_\_\_\_\_\_ Grade: \_

Person Referring: Date:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check () all that apply

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

|  |
| --- |
| **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 |