

New Horizons Referral Form

Student's Name: _____ Grade: _____

Person Referring: _____ Date: _____

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

Follow-up completed Yes ____/____/____ No (explain): _____

Recommended Services

No services recommended at this time

Services: _____

Kristy Hogan, MSW

Health and Wellness Specialists
Signature/Credentials

Date

Student Signature

Date