School-Based Therapy Interest Form

Date: ____________________________

**Student Information**

Student’s Name: _____________________ Age: _____ Grade: _____

Your Name: _________________________ Phone Number: _____-_____-_____

Relationship to Student:  [ ] Parent/Guardian  [ ] Grandparent/Great Grandparent  [ ] Other: _______________

**School Information**

School Name: ________________________ Grade: _____ Homeroom Teacher: _______________________

**Reasons for Referral** (Check All That Apply)

- [ ] Academic Performance
- [ ] Behavior (outside of school)
- [ ] Family/Community Related Concern
- [ ] Self-Harm  Current History
- [ ] Suicidal Thoughts and/or Plans  Current History
- [ ] Drug and Alcohol Use
- [ ] Health and Wellness Concerns (Please Explain In “Additional Comments” Section)
- [ ] Classroom Conduct
- [ ] Trauma
- [ ] Depression
- [ ] Anxiety
- [ ] Grief/Loss
- [ ] Peer Conflict
- [ ] Other (Please Indicate): ________________

**Additional Comments about Student Behavior or Symptoms**

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