STAGG HIGH SCHOOL • WELLNESS CENTER

1621 Brookside Road, Room E2
Stockton, CA 95207 • 209/933.7445 x8485

REFERRAL FORM

Student's Name (*Last, First*):	Student's ID#:
Student's School Site (*check one*): ❒ Stagg High School ❒ Stockton Public Safety Academy ❒ Pacific Law Academy	
Referral Source (*check one*): ❒ Self ❒ Referred By: _____	Was student informed of referral? ❒ Yes ❒ No Was parent/guardian informed of referral? ❒ Yes ❒ No
Date of Referral:	

Has student seen school counselor for Tier 1/Tier 2 services? ❒ Yes ❒ No

If yes, please list services provided (e.g. one-on-one check-in, mentor, etc.): _____

_____

Check all items that apply

Perceived Strengths:

- ○ Able to communicate clearly
- ○ Articulates feelings
- ○ Avoids conflict/trouble
- ○ Caring
- ○ Completes class work
- ○ Cooperates well
- ○ Determined
- ○ Empathetic
- ○ Follows instructions
- ○ Gets along with others
- ○ Listens
- ○ Meets academic goals
- ○ Negotiates/Compromises
- ○ Organized
- ○ Plans well
- ○ Problem solves
- ○ Respectful
- ○ Responsible
- ○ Sense of humor
- ○ Sets goals
- ○ Social
- ○ Team player
- ○ Volunteers or helps others
- ○ Other: _____

Risk Factors:

- ○ Aggressive
- ○ Bullying/Being bullied by others
- ○ CPS contact
- ○ Disruptive behavior (i.e. rebellious, defiant)
- ○ Economically disadvantaged
- ○ Frequent relocation/mobility
- ○ Homeless
- ○ Illness or death of family/friend
- ○ Isolation from peers
- ○ Low self-esteem
- ○ Negative peer pressure
- ○ Out of home placement
- ○ Parent divorce/separation
- ○ Poor communication
- ○ Poor hygiene
- ○ Siblings in trouble
- ○ Suicidal thoughts
- ○ Suspected parent dysfunction
- ○ Suspected substance use
- ○ Other: _____ _____

Reason For Referral:

- ○ Absenteeism
- ○ Academic Issues
- ○ Aggressive/Assaultive Behavior
- ○ Anger Management
- ○ Bullying (Victim/Perpetrator)
- ○ Conflict Mediation
- ○ Depression/Sadness
- ○ Family Problems
- ○ Gang Involvement
- ○ Grief/Loss/Death
- ○ Hearing Screening
- ○ Medical concern/Frequent somatic complaints
- ○ Mentoring
- ○ Neglect/Abuse
- ○ Non-productive/Not performing to ability
- ○ Parent/Youth Issues
- ○ Physical Abuse
- ○ Re-Entry Conference
- ○ Self-Harm
- ○ Sexual Abuse
- ○ Substance Use/Abuse
- ○ Suicidal Threats/Behaviors
- ○ Vision Screening
- ○ Withdrawn/Isolated

Please provide a brief description of the problem, including observations and concerns:

****Submit completed form to the Wellness Center, or via email – chighfill@stocktonusd.net or fax to 209/954.9245***

To be completed by Stagg Wellness Center Coordinator

Parent/Guardian Consent Form on file? ❒ Yes ❒ No If not, follow-up completed by/on: _____
Date Received: _____ By: _____ Date Referred to Provider: _____

Screenings: ❒ PHQ-9 ❒ ACES ❒ Other: _____

Provider/Services Referred:

❒ ***Community Medical Center (CMC):*** ❒ Smoking Cessation ❒ Brief Intervention/Substance Use

❒ ***Delta Health Care:*** ❒ FW Student/Counseling Support –> ❒Individual ❒Group

❒ ***Parents By Choice:*** ❒ Anger Management ❒ Counseling Support – ❒Individual ❒Group

❒ ***Raising Youth Resilience (RYR):*** ❒ Conflict Mediation ❒ Mentoring

❒ ***SJC Pride Center:*** ❒ Counseling Support –> ❒Individual ❒Group

❒ ***SJC Probation-Crossroads Program:*** ❒ Community Resources ❒ Counseling ❒ Skill Building

❒ ***Other:*** _____

To be completed by provider

Date Referral Received: _____ By: _____

Services provided during distance learning delivered via telehealth. Provider services took place via:
❒ Phone ❒ Virtual/Platform Used: _____

Date of 1st Contact with Student: _____

Did student decline services? ❒ Yes If so, why? _____
❒ No

Initial Assessment/Notes: PHQ-9 Score: _____ ACES Score: _____

_____

_____

Progress Notes *(Follow-up after 30 days)*: PHQ-9 Score: _____

_____

_____

Recommendations/Additional Referrals: _____

_____

_____

Did student complete program? ❒ Yes Completion/Closing Date: _____
❒ No If not, why? _____

Upon completion/closing: PHQ-9 Score: _____

Final Comments: _____

_____

_____

_____

****ATTN Providers: Once student has completed program or been closed out, please return completed form to Wellness Center Coordinator. Thank you!***

clrh.09/25/2020