CHAC's Student Referral Form

Date:_____

Please circle the urgency level (1 is not at all urgent, and 10 is extremely urgent)

1 2 3 4 5 6 7 8 9 10

Student's Name:_____ **Grade:**_____**Room:**_____

Referral Source (Parent/Teacher/Other)_____**Boy or Girl:**_____

Student's Language
- ☐ Spanish Only
- ☐ Other: _____

Parent's Language
- ☐ Spanish Only
- ☐ Other: _____

I am referring the above-named student for the reason(s) checked below:

☐ Test Grades	☐ Withdrawn	☐ Self-Concept
☐ Assignments	☐ Health Problem	☐ Fighting/Bullying
☐ Social/Behavioral	☐ Domestic Violence	☐ Always Tired
☐ Absences	☐ Divorce/Separation	☐ Friends
☐ Hyperactive	☐ Child Abuse/Neglect	☐ Depressed/Unhappy

Other concerns:

_____
_____
_____
_____

Please describe the student's home/living situation, if known.

_____
_____
_____
_____

Please describe interventions/modifications used with this student AND outcomes.

_____
_____
_____
_____

What are the student's strengths and weaknesses?

_____
_____
_____
_____

** Please return this with a SIGNED "Parent Consent Form" to the CHAC drawer or folder. Students will be assigned to a counselor and seen ASAP. If student has not been contacted within 2 weeks, please contact us.

C H A C

Community Health Awareness Council

590 West El Camino Real, Mountain View 94040
650-965-2020
www.chacmv.org

CHAC COUNSELING CONSENT FORM

I, _____ give permission for my child, _____
(name of parent/guardian) (name of student)
to participate in the counseling program at_____SCHOOL. I understand that counseling services will be provided to my child by the school district and will be conducted by a counseling intern from the Community Health Awareness Council (CHAC).

I understand that for the purpose of professional guidance and supervision all artwork, any written materials, and any verbal materials, including both audio and video recordings produced by my child and/or involving my child may be shared with the clinical staff at CHAC for supervision purposes. All recordings will be erased at the end of the school year.

In addition, for the purposes of advisement, I understand that CHAC is hereby granted access to the following records: attendance records, conduct, behavior, tardies, grades, progress reports, report cards, psychological or educational assessments. I also give my permission to the CHAC counseling staff to confer with the student's teacher.

I understand that all information discussed during counseling sessions is confidential and cannot be released to third parties without written permission unless a legal exception exists as mandated by California law.

Before counseling can commence, in most cases, written consent from one or both parents must be received, and in the case of divorce or guardianship, a copy of the custody order must be presented to CHAC by the parent/legal guardian signing the consent.

I have read and agree to the above.

_____ _____
Signature of Parent/Guardian Date

Student's name:_____ Grade:_____ DOB:_____

Address:_____
_____

Siblings (names and ages):_____

Child lives with: __ mother(s), __ father (s), __ both, __other:_____

	MOTHER:	FATHER:
Name:	_____	_____
Phone:	_____	_____
Work phone:	_____	_____
Cellular:	_____	_____
Email:	_____	_____