



316 S. Midwest Blvd.
Midwest City, OK 73130
Phone: (405) 733-5437
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School Counseling Referral

- Counseling Referral
- Group/Prevention Referral

Student Information:

Name: _____ Legal Guardian: _____
Address: _____ DOB: _____
City/Zip: _____ Phone: _____
Student ID: _____ Grade: _____
Sex: M F
Race: Black Biracial White Native American
 Asian/Pacific Islander Hispanic Other _____

School Information:

Name of School: _____ Phone: _____
School Counselor: _____ Email: _____
Referral Date: _____ Preferred Appointment Time: _____

Behaviors that indicate a need for counseling:

- Aggressiveness Impulse Control Issues Sexual Acting Out
- Substance Abuse Oppositional/Defiant Behavior Hyperactivity
- Depression Anxiety Tearful Outbursts
- Self-Mutilation Suicidal Ideation Homicidal Ideation
- Significant Change in School Performance Significant Change in Daily Functioning
- Bed Wetting or Wetting Self During the Day

Reason for referral/presenting problems: (Please indicate any presenting problems as well as specific examples of behavioral indicators that may apply):

- I consent for Mid-Del Youth and Family and the school counselors/district personnel to share information concerning my child.
- I consent for Mid-Del Youth and Family Center to contact me to arrange for an intake/assessment to begin services and understand that services cannot be provided to my child prior to the completion of this intake/assessment.

Legal Guardian Signature: _____

Date: _____

Office Use Only		
Referral Received: _____	Confirmed: _____	Entered: _____