



Benton County Behavioral Health
 School Based Referral
 Fax: (541) 766-6186

Date Submitted (by school): _____

Date Received (by Benton Co.): _____

Student Information:

Legal Name: _____ Goes By: _____ D.O.B _____ Age: _____
 Gender: _____ Preferred Pronouns: _____ Grade: _____ Student Cell #: _____
 Insurance Info: OHP #: _____ Private Ins./Provider: _____ No Ins.
 Email Address: _____

Guardian Information:

Guardian 1 Name (Primary Contact): _____ Relationship: _____
 Address: _____ Lives w/ Student? YES NO
 Cell Phone #: _____ Msg Ok? YES NO Alt. Phone #: _____ Msg Ok? YES NO
 Guardian 2 Name: _____ Relationship: _____
 Address: _____ Lives w/ Student? YES NO
 Cell Phone #: _____ Msg Ok? YES NO Alt. Phone #: _____ Msg Ok? YES NO

Referral Information:

School: _____ Referral Made By: _____ Phone #: _____

Is the student aware of the referral?

- Yes. Student is aware and is: Interested Unsure Resistant
- No. Student is not aware.

Is the parent/guardian aware of the referral? (children under 14 require guardian consent)

- Yes. I have spoken to the parent/legal guardian regarding the above child. A release of information (ROI) has been signed allowing Benton County Behavioral Health Services to make contact regarding school-based services for above child OR verbal authorization was received from parent.
 - ROI is completed and attached to this referral.
 - Verbal authorization to consent for services was given by _____ (guardian) to _____ (referral source) on _____ (date) via _____
(If received by email, please attach to referral.)
- No. The child is 14 years or older and has consented for services independently.
 - The student has requested that their services remain confidential from their guardian(s) to the best of the ability of the assigned provider.

What would best fit the student's needs? Individual Services Small Group: _____

Student Needs:

What are the area(s) of concern?

- Worry/Anxiety Relationship Issues Peer Conflict Family Conflict Sadness/Low Mood
- Change in Mood Impulsivity Emotion Regulation Decision-Making Recent Life Change
- Self-Esteem Self-Identity Self-Harm Suicidal Concerns Other: _____

What are this student's strengths/sources of support?

- Future goals Peer support Family support Socially connected Asks for help
- Problem-solving skills Uses humor Communicates well Other: _____

What other supports are in place?

- Counseling/Therapy Skills Training IEP 504 Plan Behavior Support
- Modified Schedule Speech Services Wraparound Services Medication Management
- ESD Family Support Liaison School Group Other: _____

Additional Information: