DELAWARE GUIDANCE SERVICES

BUILDING RESILIENT FAMILIES

Building resilient families for over 60 years

DGS REFERRAL FORM

Referral Source:

SCHOOL/FACILITY: _____ **DATE:** _____

NAME: _____ **PHONE:** _____

Student Information:

LAST NAME: _____ **FIRST NAME:** _____

DOB: _____ **PHONE:** _____

ADDRESS: _____

PARENT/LEGAL GUARDIAN NAME: _____ **RELATIONSHIP TO STUDENT:** _____

DATE CAREGIVER PROVIDED VERBAL CONSENT FOR REFERRAL: _____

Reason for Referral: Please check all that apply

- ☐ Anxiety, panic, fear, or trauma response
- ☐ Decline in Academic Achievement
- ☐ Family Stressors, Family Conflict, Home Concerns
- ☐ Grief & Bereavement
- ☐ Homicidal Ideation, Statements, or Gesture(s)
- ☐ Hyperactivity or Excessive Restlessness
- ☐ Peer Conflict/Interpersonal Problems/Bullying
- ☐ Problems with Attention, Focus or Concentration.
- ☐ Psychotic Symptoms (e.g., hearing voices others cannot hear, seeing things that other cannot see, etc.)
- ☐ Self-Injurious Behaviors (e.g., cutting, burning, etc.)
- ☐ Sexualized behaviors or statements
- ☐ Substance Use or Abuse
- ☐ Suicidal Ideation, Statements, or Gesture(s)
- ☐ Withdrawn, Sad, or Depressed Behaviors
- ☐ Verbal Aggression, Physical Aggression or Negative Conduct
- ☐ Other Describe: _____

_____

Email this form to Intake@delawareguidance.org

OR

Fax to ATTN: Intake at 302-678-2458

Please call 1**-800-969-HELP (4357)** if the student is believed to be in crisis and/or immediate assistance is needed**.**