



Wellness Support Request

Please Note - If your concerns are related to:

Attendance, Behavior or Conduct:
Please refer to student's AP first.

Academic Performance and/or SST
Request: Please refer to student's School Counselor first

A Student is in Special Education:
Please ensure the lead School Psychologist or Case Manager is aware of the request.

Please complete, put in envelope and return to Wellness Coordinator's mailbox in the Main Office or to Wellness Center.

**** IF THIS IS A CRISIS OR YOU ARE CONCERNED ABOUT STUDENT'S SAFETY - CONTACT ADMIN, COUNSELORS OR WELLNESS IMMEDIATELY****

Student Last Name: _____ First Name: _____

Gender _____ Grade _____ School Counselor _____ Special Ed? Y _____ N _____ Unknown _____

Date of referral: _____ Name of referring person _____ Relation to student: _____

What is the best way to contact you? Phone: What #, What class period? _____ E-mail: _____

Does student have significant attendance Issues? Yes No Does student have poor grades (below a C)? Yes No

Does student know you have referred to Wellness? Yes No Does parent/guardian know you referred to Wellness? Yes No

*If No, why not and is it okay to tell student who referred him/her? _____

*Most Wellness appointments occur within 1-2 weeks. If referral is not a crisis but student needs to be seen sooner, please contact Wellness Coordinator.

Student's strengths _____

Reason for Wellness referral _____

Interventions or modifications you have already tried with student _____

Referring person recommendations/comments _____

Services offered to students at the Wellness Center are **CONFIDENTIAL** and voluntary. We can share the following information with you: length of time it might take to see the students, who the student is seeing, if the student is attending, cooperative, and making progress. The Wellness Center will provide a referral status to the referring person as soon as possible. Your ongoing feedback is important to us. If you are not seeing positive progress with the referred student – please let us know. **Thanks for your referral!**

**** IF THIS IS A CRISIS OR YOU ARE CONCERNED ABOUT STUDENT'S SAFETY - CONTACT ADMIN, COUNSELORS OR WELLNESS IMMEDIATELY****
Contact Katrina Southard, Wellness Coordinator x. 3407, Room 113 with questions or for more information

For Wellness Coordinator Use only:

Date request received by Wellness Coordinator: ___/___/___ SPED? Y N

Current Wellness services? _____

Previous Wellness services? _____

Initial consultation/case management conducted: _____

Date assigned to Wellness provider: ___/___/___ Wellness provider name: _____

Informed Counselor and/or School Psychologist that referral was made ___/___/___ or N/A

For Wellness Center Staff Use Only:

Date student assessed ___/___/___ Student being seen under minor consent? Y N

Working with outside provider(s)? Y N *If Yes, Names/Contact Information* _____

Signed Authorization of Release on file? Y N _____

Contact with outside provider? _____

Recommendation for services (through Wellness or off-site): *individual or group counseling, case management, family therapy, college career counseling, peer counseling, psych or medical evaluation, etc.* _____

___ One time check in ___ Student Declined Services ___ Assign Provider: _____

___ Drop in as needed ___ Other _____

Informed referral source, AP, Counselor, WC, School Psych and Case Mgr (as applicable) of outcome: ___/___/___

If ongoing client (not being seen under minor consent), please enter into E-school

Termination with ongoing clients:

Date Closed: _____ Provider Signature: _____

Notation (ie: Student transferred schools, student now receiving outside support, etc): _____

Informed Referral source, AP, Counselor, WC, School Psych and Case Mgr (as applicable) closed: ___/___/___

If re-opened, please complete new referral form.