

CONFIDENTIAL COUNSELING REFERRAL: PARENT FORM

This form is confidential and will not be shared with others. This form will not be included as part of the student's school records.

Name of Child Being Referred: _____ Grade: _____ Today's Date: _____

Name of Person Completing Form: _____ Relationship to Child: _____

Best Contact Phone Number _____

Name of Person who has Guardianship or Custody of this child _____

- Briefly state your primary reason for seeking counseling services:

- How long have these challenges been present?

- What changes would you like to see in your child?

- What are your child's strengths?

- How would you describe the way your child copes with stress/anger/sadness/ frustration?

- If you were to describe your child's three most experienced emotions what would they be?
 - Happy
 - Sad
 - Anxious
 - Embarrassed
 - Mad
 - Withdrawn
 - Nervous
 - Frustrated
 - Confused
 - Hostile
 - Misunderstood
 - Withdrawn
 - Isolated
 - Scared
 - Shame

- Does your child have any medical problems? _____ Yes _____ No. (Please include any sleep or eating concerns.)

- Has your child received any previous mental health services? _____ Yes _____ No. If yes, Please describe.

- What interventions has your family tried to help with the situations? (consequences, positive reinforcements etc.)

through individual and group counseling. This service is free of charge and is facilitated by Molly Tingley, School Counselor. Western Montana Mental Health is an intensive, long term, outpatient provider of individual, group and family therapy. Services are provided to those students who meet criteria to be admitted into the program. This service is fee based, but staff can work with families to determine a funding source ie. Medicaid, Private Insurance etc. Services provided by Kate Armstrong, LCPC, Kelsey Buckley, LCPC Therapists, and Amy Petrini and Jamie Burgess, BIS.