



GREENE COUNTY EDUCATIONAL SERVICE CENTER  
Terry Graves - Strieter, Superintendent • Robert L. Arledge Jr., Treasurer

MENTAL HEALTH SERVICES  
Timothy J. Callahan, Psy.D.  
Director

### Referral Form

Date of Referral: \_\_\_\_\_

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race:**  African American  Alaska Native  Asian  Caucasian  Hispanic  Multi-Racial  
 National Hawaiian  Native American  Other  Pacific Islander  Unknown

**Ethnicity:**  Cuban  Hispanic-Specific Origin not Specified  Mexican  Not of Hispanic Origin  
 Other Hispanic  Puerto Rican  Unknown

**Preferred Language:**  English  Other: \_\_\_\_\_

District: \_\_\_\_\_ Building: \_\_\_\_\_

Parent/Guardian (s): \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Person Making Referral: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**Please check & attach copy of all that apply:**  IEP \_\_\_\_\_ Minutes  504  Regular Classroom

**Reason for Referral:**  
 Aggression/Conduct Issues  Anxiety  Depression  Executive Functioning  High Risk Indicators  
 Issues at Home  Learning Difficulties  Poor Attendance  Social Difficulties  Substance Abuse

Description of concerns: \_\_\_\_\_

\_\_\_\_\_

Rating of Urgency: \_\_\_\_\_ 1= High (evidence of risk, etc.) to 5 = Low

Explain: \_\_\_\_\_

Any previous counseling? Community agencies involved (FSC, TCN, CSB, BVR, etc. if known): \_\_\_\_\_

Parent/guardian/student response to referral: \_\_\_\_\_

\_\_\_\_\_

Willing to engage in services:  Yes  No

Date Received by Therapist: \_\_\_\_\_

Form Updated: waw18