

Student Self-Referral Form for Mental Health and Counseling Support

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Are you a special education student? Yes No

How urgent is your request for counseling?

1 2 3 4 5 6 7 8 9 10

Please check as many of the following that may apply to your situation:

FEELINGS

<input type="checkbox"/> I feel sad	<input type="checkbox"/> I feel nervous	<input type="checkbox"/> I feel angry	<input type="checkbox"/> I feel like I am not in control
<input type="checkbox"/> I feel lonely	<input type="checkbox"/> I feel like I am not good enough	<input type="checkbox"/> I feel like I am being judged	<input type="checkbox"/> I feel like I am not safe
<input type="checkbox"/> I feel like I am not understood	<input type="checkbox"/> I feel like I am not listened to	<input type="checkbox"/> I feel like I am not respected	<input type="checkbox"/> I feel like I am not valued
<input type="checkbox"/> I feel like I am not accepted	<input type="checkbox"/> I feel like I am not included	<input type="checkbox"/> I feel like I am not supported	<input type="checkbox"/> I feel like I am not helped

BEHAVIORS

<input type="checkbox"/> I have thoughts of hurting myself	<input type="checkbox"/> I have thoughts of hurting others	<input type="checkbox"/> I have thoughts of suicide
<input type="checkbox"/> I have thoughts of self-harm	<input type="checkbox"/> I have thoughts of harming others	<input type="checkbox"/> I have thoughts of harming myself
<input type="checkbox"/> I have thoughts of harming others	<input type="checkbox"/> I have thoughts of harming myself	<input type="checkbox"/> I have thoughts of harming others
<input type="checkbox"/> I have thoughts of harming myself	<input type="checkbox"/> I have thoughts of harming others	<input type="checkbox"/> I have thoughts of harming myself

Have you spoken to anyone about any of the above? Yes No

Yes No Yes No Yes No Yes No Yes No

Are you over the age of 12? Yes No

Yes No Yes No Yes No Yes No Yes No