



Union Public Schools
STUDENT REFERRAL FOR FREE INITIAL ASSESSMENT

SCHOOL REFERRAL

Shadow Mountain (918) 492-8200 Palmer (Substance Abuse Only) (918) 832-7763
CREOKS (918) 592-1622 Other

Student's Legal Name School Grade DOB
Parent/Guardian Address
Home Phone Work Cell
Referring Union Counselor/School Phone Number

REASON FOR REFERRAL

Suicidal Ideation Depression/Acute Emotional Issues Imminent Threat to Self or Others Drug/Alcohol

PRESENTING CONCERNS (24-48 hour time frame for acute service access)

Blank lines for presenting concerns

OUTCOME OF REFERRAL

Crisis Referral Forms have been completed and given to Guardian.
Parent/Guardian has been informed & agrees to take student for Free Assessment.
Parent/Guardian has been informed but does not agree that outside intervention is necessary.
DHS, COPES or Police may be contacted.
Contact Person/Agency Referral #

PERMISSION

I give permission for the contact persons from Union Public Schools to release and to receive information to/from the above designated Mental Health Provider regarding my child. This information is to include initial assessment, findings and recommendations.

Student Signature Parent Signature Date

AGENCY RESPONSE

Student Name (Please Print) Building where student attends school
was seen for a free assessment on Date This Assessment was conducted by Health Provider Signature Date

Our agency has made these recommendations to the family of the above student:

No treatment at this time Outpatient Counseling Treatment with another facility
Referred to Primary Care Physician Hospitalization
Referred to:

Outcome of Recommendations:

Parent accepted recommendations. Sessions have been scheduled.
Parent rejected recommendations. Services will be obtained through another agency.
Parent is undecided. Student is on a waiting list for services.

Student Signature Parent Signature Date

This completed form should be returned to the referring Union Counselor upon student's return to school.