Referral for Student Wellness Support Team

Please fill out and return to: Care Center, Teen Health Center, or the Counseling Center. Someone from the Student Wellness Support Team will follow up within 2 weeks.
If you would like to submit this electronically or have any questions, please reach out to Medina Abdi in the Care Center or at meabdi@seattleschools.org

Date: _____

Student Name: _____Preferred Pronouns: _____ Grade:_____

Preferred method of contact (circle one): Call/Text/Email

Student Phone: _____Personal Email: _____

Preferred language:_____

Referrer's name (if not student): _____

Does this student know you are submitting this form: _____

Please select any concerns you would like us to follow up with:

- Housing
- Clothing
- Food access
- Other basic needs: Medical insurance/access, internet or utilities help
- Community resources: social services, housing, legal assistance
- 504 or IEP Intervention
- Attendance
- **Substance use counseling or services**
- **Mental health counseling or services**
- Other (please specify below)

If you selected Substance Use or Mental Health Services, please fill out the back of this form.

Optional More Information:

_____
_____
_____
_____
_____

If you selected Substance Use or Mental Health Services, please fill out this page.

How urgent is your need for care?

1 (Low) 2 3 4 5 6 7 8 9 10 (High)

Do you currently work closely with the school counselor, social worker or nurse?

Yes No

Are you registered at the Teen Health Center?

Yes Unsure No

Do you have health insurance coverage?

Yes Unsure No

Does your guardian know about this concern?

Yes No

Does your guardian know you are requesting help with this concern?

Yes No

Please select any of the following symptoms that you are experiencing:

- Difficulty falling asleep or staying asleep
- Tired/low energy
- History of trauma
- Experiencing trauma triggers
- Weight loss/ not eating enough
- Weight gain/ overeating
- Feeling down or depressed
- Frequent worry
- Family conflict
- Peer conflict
- Frequent worry
- Suicidal ideation
- Self-harm thoughts/behavior

Please describe in a few sentences your reason for seeking counseling:

_____
_____
_____
_____
_____