FAMILIES, INC.
counseling services

School-based
REQUEST FOR SERVICES

□ Jacksonville □ Jonesboro □ Mt. Home □ Osceola □ Paragould □ Piggott □ Pocahontas □ Poinsett County □ Walnut Ridge

Date of Referral: _____ Referred By: _____ Phone #: _____

Has the parent/guardian been informed that their child is being referred for services? □ No □ Yes Spoke with: _____

Name of Student: _____ DOB: _____ SSN: _____ Gender: _____

Insurance (if known): _____ School: _____ Grade: _____

Parent/Guardian: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

List current Primary Care Physician: _____

Any of the following: □ Learning disability □ Hearing impairment □ Vision impairment □ English is not primary language

Symptoms Exhibited (Reason for Referral):

Emotional Disorders that impair school or academic functioning

- □ Anxiety and/or anxiety attacks that disrupts the learning environment
- □ Depression or history of suicidal ideation that disrupts the learning environment
- □ Frequent mood swings or mood instability that disrupts the learning environment
- □ Has spoken, written, drawn or otherwise shared thoughts of harming self or others to peers, teachers, or other school staff
- □ History of, or recent trauma, that causes symptoms that disrupts the learning environment

Behavioral Disorders that impair school or academic functioning

- □ Bullying or threatening peers or teachers
- □ Defiance and/or violation towards school rules and policies
- □ Destruction of school or peer property within the school
- □ Erratic or irrational behavior that disrupts the learning environment
- □ Has brought or boasted about bringing a weapon onto school property or using against peers, teachers, or other school staff
- □ History of running away from school
- □ Often initiates physical fights in the school
- □ Physical aggression towards peers, teachers, school staff
- □ Truancy
- □ Verbal aggression towards peers, teachers, school staff

Neurodevelopmental Disorders that impair school functioning:

- □ Autistic features: deficits in social interactions or communication that significantly impact school functioning
- □ Inattention and/or hyperactivity that impair school functioning

Other (please explain): _____

(EMAIL THE COMPLETED FORM TO THE CLINIC BELOW)

	Jacksonville	**Jonesboro**	**Mt. Home**
Phone:	501.982.5000	870.933.6886	870.425.1041
Email:	referrals.jacksonville@familiesinc.net	referrals.jonesboro@familiesinc.net	referrals.mthome@familiesinc.net
	Osceola	**Paragould**	**Piggott**
Phone:	870.622.0592	870.335.9483	870.598.0306
Email:	referrals.osceola@familiesinc.net	referrals.paragould@familiesinc.net	referrals.piggott@familiesinc.net
	Pocahontas	**Poinsett County**	**Walnut Ridge**
Phone:	870.892.1005	870.933.6886	870.886.5303
Email:	referrals.pocahontas@familiesinc.net	referrals.jonesboro@familiesinc.net	referrals.walnutridge@familiesinc.net