



17555 Tuolumne Rd. Tuolumne, CA 95379
209 928-4228 ext. 6262

Crisis Counselor Referral Form

Referring Person Information:

Date of referral _____ Name of person making referral _____

Preferred contact information _____

Student Information:

Name of student referring _____ Grade _____

Student attends (circle one): Summerville High School Main Campus Necessary Small Schools

Independent Study Connections VPAA

Reason For Referral: (circle all that may apply):

Depression/Anxiety

Difficulty Developing and Sustaining Relationships

Substance Use

Risk of Harm to Self or Others

Impulsivity/Hyperactivity

Self-Injurious Behaviors

Trauma

Foster Care Placement

Recent Loss/Major Life Change

Juvenile Probation

Withdrawn/Isolative

At Risk of Losing Home or School Placement

Behavioral Problems

Irrational Thoughts and Fears

Failing School or Excessive Truancy

Other: _____

Please refer any actively suicidal or homicidal persons to the nearest hospital room, contact 911, Tuolumne County 24-hour Crisis Line for Support for Behavioral Health @ (209) 533-7000 or contact The Suicide Prevention Lifeline @ 1-800-273-8255.

Please place this referral in Monique Nelson's mailbox in the school office