



**Jackson
High School**

SEA MAR
Jackson High School Referral form



Please fill out completely & give to Alyssa Campbell, Student & Family Advocate, for referral.

Referral Date: _____ **Student's Counselor:** _____

Student Name: _____ **Student ID#:** _____

DOB: _____ **Grade:** ☐ 9th ☐ 10th ☐ 11th ☐ 12th

ACCESS STATUS: Date Called _____ **Medicaid?** _____

Name and Number of Person referring Student:

_____ # _____

Current ☐ 504 or ☐ IEP ?

Issue(s) of Concern: Please check all that apply.

- ☐ Behavioral
- ☐ Emotional
- ☐ Academic
- ☐ Social
- ☐ Substance Abuse
- ☐ Health/Hygiene

Have the students' parents/guardians been informed of referral? ☐ Yes ☐ No ☐ Unsure

Are students' parents/guardians supportive of Mental Health services? ☐ Yes ☐ No ☐ ??

Comments:

Official Use Only:

Date Referral Received: _____

Intake Paperwork Completed: _____

- ☐ Fax
- ☐ In person