**E.L. Haynes Wellness Services**

**Self-Referral Form**

Date of Referral:

Name:

Advisor’s Name: 1st Period Teacher:

Reason for Referral (check all that apply):

\_\_\_\_ Academic Related Stress or Concern (e.g. disagreement with teacher, failing grade, tutoring)

\_\_\_\_ Peer Related Stress or Concern (e.g. arguments, bullying or harassment, difficulty making friends)

\_\_\_\_ Emotional Stress or Concern (e.g. feelings of depression, anxiety, anger, lack of self-control)

\_\_\_\_ School (e.g. tardiness/absences, study skills, time management, uniform or clothing needs)

\_\_\_\_ Substance Abuse (e.g. drugs – illegal or prescription, alcohol, tobacco)

\_\_\_\_ Emotional Crisis (e.g. suicidal thoughts, thoughts to harm yourself, thoughts to harm others)

\_\_\_\_ Other:

Level of Referral:

\_\_\_\_ Mild (I am completely in control and able to be successful in class.)

 \_\_\_\_ Elevated (I am have a difficult time remaining in control and need assistance soon.)

 \_\_\_\_ Severe (I am not in control and I am not productive in class.)

 \_\_\_\_ Extreme (I need help now. I am not in control and I am not safe in class.)

Please give a brief description why you are seeking services:

**Please return this form to Mrs. Brumsted OR give to your Advisor to submit.**