Glendale Unified School District
Student Support Services
223 N. Jackson St., Glendale, CA 91206
Tel: (818) 241-3111 ext. 500

OUTSIDE COUNSELING
8-WEEK REFERRAL FORM

Fax No. (818) 242-4213
Attn: Ilin Magran **Date:** _____
Email: imagran@gusd.net

Student: _____ ID# _____ Grade: _____
(please print)

School: _____ _____
(date referred to counselor)

Parent Contact Information: _____

Referred by: _____
(print name and title)

Reason for referral: _____

_____

_____

_____

Background information: _____

_____

_____

_____

Notes on contact with parent: _____

_____

_____

Referring Person's Name (please print) Principal's Signature

_____ _____

_____ _____

Signature Date

For Office Use Only

Therapist Assigned: _____ Date: _____
(Therapist's Name)

GLENDALE UNIFIED SCHOOL DISTRICT
OUTSIDE COUNSELING CHECKLIST

School Behavior

- ☐ Grades failing or abrupt
- ☐ Frequent absences
- ☐ Defiance of rules/authority
- ☐ Fighting
- ☐ Damages property

Other:

Personal Behavior

- ☐ Withdrawn
- ☐ Abuse of self
- ☐ Abuse of others
- ☐ Talks of suicide
- ☐ Talks of death
- ☐ Health/physical problems

Other:

Family Issues

- ☐ Sibling in trouble
- ☐ Economically disadvantaged
- ☐ Illness in family
- ☐ Death in family
- ☐ Family in conflict
- ☐ Divorce
- ☐ Family management problems
- ☐ Lack of monitoring

Other:

Community Issues

- ☐ Lack of food/shelter/clothing
- ☐ Language/Cultural barriers

Other:

Referral Steps: District Outside Counseling Process

1 _____ Have parents/student been contacted and agreed to go to counseling? ☐ Yes ☐ No

*If both parent and student have not agreed to attend counseling, we will not be able to process referral. ***Please meet with family first.***

2 _____ Does the family have health insurance that covers counseling services? (e.g., Blue Cross, Blue Shield, Kaiser, Cigna, or Medi-Cal) ☐ Yes ☐ No ***If yes, please complete a Healthy Start referral form instead.***

3 _____ Have parents been offered support? (e.g., referred to any parenting skills program) ☐ Yes ☐ No

If yes, please specify _____

4 _____ Has a conference been held with all staff involved with this student? (e.g., Student Study Team or other group) ☐ Yes ☐ No If yes, please specify _____

5 _____ Is student in Special Education? ☐ Yes ☐ No

If yes, what Special Educations Interventions have been attempted at the school site? _____

6 _____ Has the student been referred to counseling or tutoring program on-site? (e.g., Title I, or other site based, at-risk, services) ☐ Yes ☐ No If yes, please specify _____

7 _____ Does the family need assistance with transportation? ☐ Yes ☐ No

8 _____ Does the family require services in a language other than English? ☐ Yes ☐ No

If yes, please specify _____

If this referral is urgent, please call Ilin Magran, (818) 241-3111, ext. 500 or send email to imagran@gusd.net , for immediate assistance. Fax referral to Student Support Services at (818) 242-4213 or send email to imagran@gusd.net . The school will be contacted when services are authorized. It will be the responsibility of the referring person to contact the family. If the family has not made an appointment for services, our office will notify the referring person for appropriate follow-up.