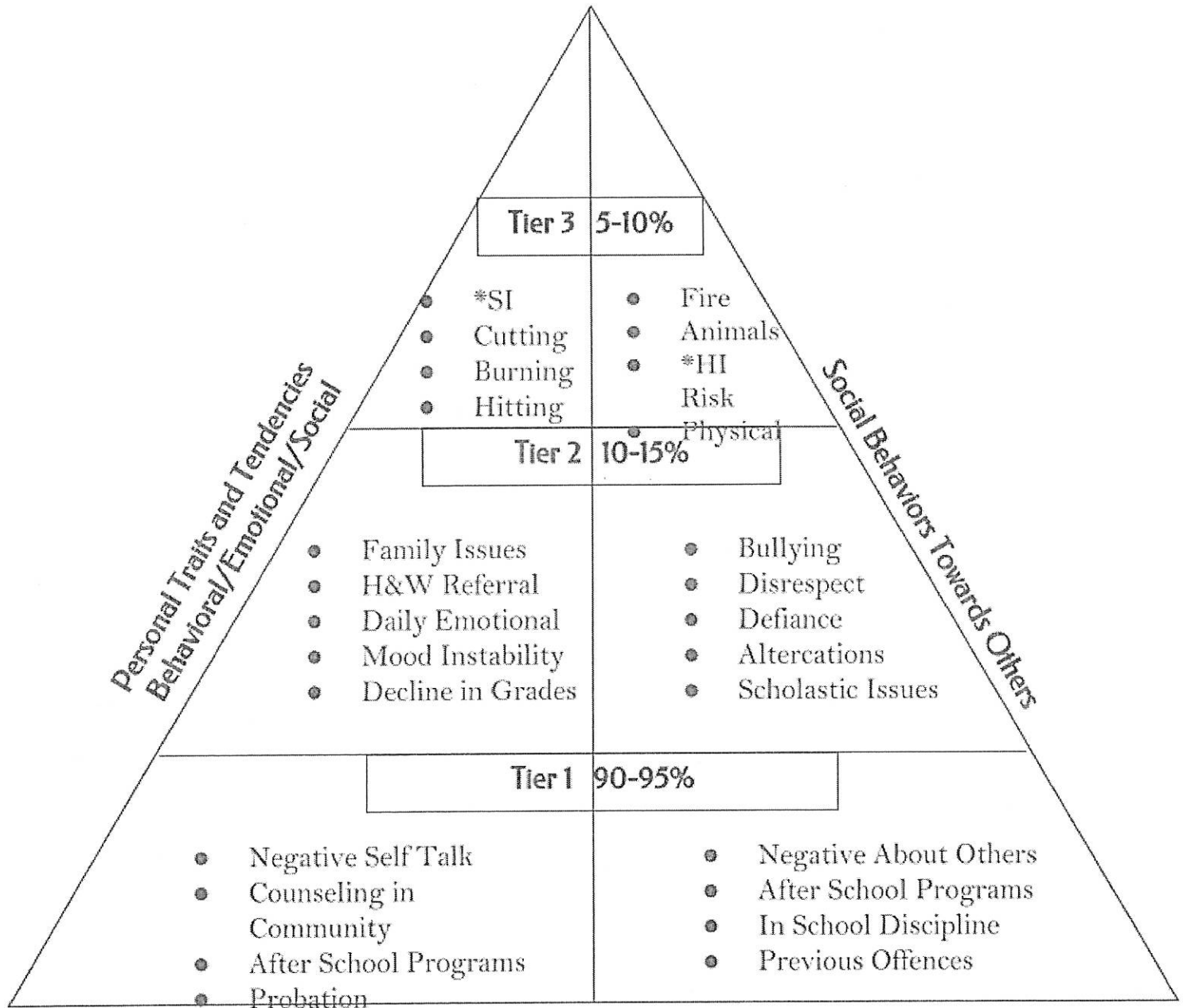


Counseling Referral Pyramid



*SI Suicidal Ideations
*HI Homicidal Ideations

Specified Problem Areas

- ❖ Easily Mislead
- ❖ Aggravates Others
- ❖ Easily Angered
- ❖ Misleads Others
- ❖ Low Self Image
- ❖ Inconsiderate of Others
- ❖ Inconsiderate of Self
- ❖ Authority Problem
- ❖ Lying
- ❖ Alcohol and Drugs
- ❖ Fronting
- ❖ Stealing

Minidoka County School District
Counseling Referral Checklist

Date of Referral: _____

Student: _____

Teacher: _____

Frequently needs in-school discipline.

Has previous offenses.

OTHER _____

TIER 1 (90-95% OF STUDENTS):

- Engages in negative self-talk.
- Receives counseling in the community.
- Currently on probation.
- Negative towards or about others.

Experiences bullying and/or bullies others.

Disrespectful to others.

Verbal and/or physical altercations.

OTHER _____

TIER 2 (10-15% OF STUDENTS):

- Family issues.
- Has a Health and Welfare referral.
- Daily emotional issues.
- Mood instability.
- Decline in grades and other scholastic issues.

Aggressive towards animals.

Fire setting.

Physically aggressive.

OTHER _____

TIER 3 (5-10% OF STUDENTS):

- Suicidal Ideations.
- Homicidal Ideations.
- Evidence of self-harm (i.e. cutting, burning, hitting).

Tyson Christensen, LCSW

Date

Building Administrator

Date

The following checklist is designed to help identify students who qualify for counseling services. If you have questions or concerns about a certain student or checklist item, please ask Tyson Christensen (tyson@pbsofidaho.com). Use the boxes to the left of the items to check off qualifications as you notice them in students. Please note that not all boxes need to be checked in order for a student to qualify for counseling.

Minidoka County School District
Counselor Consent Form

The Minidoka School District has an increased focus on changing behaviors that are detrimental to the education process and life in general. As part of our program, we offer professional counseling services to assist in the complete wellness of our students.

Part of the professional counseling experience would include the certified counselor having access to student information such as: attendance, grades, PowerSchool entries for behavior concerns, detentions, suspensions and expulsions. In signing this form, you grant permission for the counselor to have access to this information for your student. The counselor will not share information discussed in the session with school personnel unless we have verbal or written permission from the parent/guardian.

Communication between the student and counselor will be confidential unless:

- a. There is reason to believe there is abuse or neglect;
- b. There is reason to believe that the student has serious intent to harm him/herself, someone else, animals or property;
- c. The student is involved in a legal proceeding and records are requested.

By signing below, you agree to participate in the services offered in the District.

Student's Name: _____

Grade: _____ Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Parent/Guardian Address: _____ Date: _____

Parent Signature: _____ Date: _____

Principal: _____ Date: _____