



**School Based Youth Services Program at Warren Hills Regional High School**  
**41 Jackson Valley Road**  
**Washington, NJ 07882**  
**Phone (908) 689-3050 ext. 3617**  
**Fax (908) 689-5801**

**Date of Referral:** \_\_\_\_\_

**Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Referral Source:** \_\_\_\_\_

**Guidance Counselor/ Case Manager:** \_\_\_\_\_

**REASONS FOR CONCERNS:**

- |  |  |                                       |   |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Academic        | <input type="checkbox"/> Depression    | <input type="checkbox"/> Anxiety      | <input type="checkbox"/> Substance Issues       |
| <input type="checkbox"/> Grief/Loss      | <input type="checkbox"/> Suicidal      | <input type="checkbox"/> Self-harm    | <input type="checkbox"/> Attendance             |
| <input type="checkbox"/> Health/Physical | <input type="checkbox"/> Socialization | <input type="checkbox"/> Anger        | <input type="checkbox"/> Behavioral/ Discipline |
| <input type="checkbox"/> HIB             | <input type="checkbox"/> Home/ Family  | <input type="checkbox"/> Other: _____ |   |

**NARRATIVE:** Please describe the nature of the concern:

**ADDITIONAL COMMENTS:** What interventions were attempted in the past? Parental involvement, if known: