

**Alternatives, Inc.  
Referral/Disposition Sheet**

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_

Referral Source: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Division: \_\_\_\_\_ Lunch period: \_\_\_\_\_ Circle one: **Roosevelt** **Senn H.S.** **Senn AA** **Rickover**

**STUDENT'S IDENTIFIED PROBLEMS:** (To be completed by staff person making referral)

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**Priority referral:** \_\_\_ Suicidal Ideation \_\_\_ Depression \_\_\_ Physically Abused\* \_\_\_ Sexually Abused\*  
(\*As a mandated reporter, please call 1-800-25-ABUSE to report suspected or disclosed abuse.)

I have spoken to the student about this referral and the student has expressed an interest in receiving counseling services. \_\_\_ Yes \_\_\_ No

If we are unable to make contact with the student at school, is there a number where we would be able to contact the student in order to follow up on this referral? (\_\_\_\_\_) \_\_\_\_\_

Would the student be interested in group counseling at school? \_\_\_ Yes \_\_\_ No

Would the student be interested in counseling services at our main office? (4730 N Sheridan Road)  
\_\_\_ Yes \_\_\_ No

Is the student a recent immigrant? \_\_\_ Yes \_\_\_ No

Student's Primary Language: \_\_\_\_\_ Parent's Primary Language: \_\_\_\_\_

Signature: \_\_\_\_\_

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**DISPOSITION:** (To be completed by therapist)

**Student interested in counseling.**

Group Counseling	Start Date: _____
Individual Counseling	Start Date: _____
Student referred out:	Agency/Therapist: _____
	Date Referred out: _____

**Student not interested in counseling at school.**

List of referral numbers given to student. Date: \_\_\_\_\_ Student has outside therapist

**Unable to contact student.**

Attempts made: \_\_\_\_\_ / \_\_\_\_\_  
List of referral numbers sent through division or mailed.

Comments: \_\_\_\_\_  
\_\_\_\_\_

**For Alternatives, Inc. Staff:** Student notified of referrals/wait list (write in date): \_\_\_\_\_.

Signature: \_\_\_\_\_ Date \_\_\_\_\_