

OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

Third Party Referral Form

Date _____

To Whom It May Concern:

In an interaction with _____, we observed some behaviors or actions which need immediate attention.

Student Name		
Age	Grade	Race/ethnicity
Guardian's Name (s)		
Phone Numbers		

The school first became aware when _____

The behaviors observed were _____

The student's current mental status appears to be _____

Three resources for assistance are _____

All parties please sign that this document was reviewed.

Parent Date

Provider Date

School contact Date

School contact phone number _____

Please send signed copy back with parent or guardian to the above mentioned school counselor.