



Causeway Galveston
Campus-Based SEL and Mental Health Support for
Students

Dear School Staff,

Thank you for reaching out for assistance from the Causeway Galveston team. We appreciate you taking the time to help this student. The information you provide will allow us to better meet this student's social and emotional needs, so that he or she can thrive in the classroom.

Please:

- 1) Complete this brief form.**
- 2) Place the form in a sealed envelope to ensure student confidentiality.**
- 3) If you are a TEACHER, please give this form to the school counselor.**
- 4) If you are a SCHOOL COUNSELOR, please return this form to the Teen Health Center or Family Service Center mental health staff member on your campus.**

Please provide your name and contact information:

Teacher Name: _____

Email: _____

Phone: _____

Counselor Name: _____

Email: _____

Phone: _____

We appreciate all that you do to teach, model, and promote strong character development for our students!

Sincerely,
Causeway Galveston Team



Student Name: _____
Date of Birth: _____ **Grade:** ____ **Sex assigned at birth: M or F**
Race (W, B, Hispanic, Am Ind, Asian/Pac Is, Other): _____
Parent/Guardian Contact Information: _____

Teacher Section **Date of completion:** _____

1. Describe your main concerns about this student in more detail.

2. Are you aware of any family issues or stressors contributing to this student's difficulties?

3. Have you already spoken to the parent/guardian about your concerns? (This is optional. The counselor will contact the parent if you have not already.)
 No Yes If yes, date of contact: _____

Self-Management/Responsible Decision-Making

- Describe how this student expresses his/her emotions (e.g, calms self, yells, cries, leaves room)?

- How is this student performing academically (e.g., grades, goal setting and task completion)?

Self-Awareness

- What are some of the student's strengths? Is student aware of his/her own strengths?

Social Awareness/Relationship Skills

- Describe student's ability to relate to peers. (Does student have friends?)

- Describe student's ability to relate to teachers and other authority figures.



Student Name: _____

Date of Birth: _____ **Grade:** ____ **Sex assigned at birth: M or F**

Race (W, B, Hispanic, Am Ind, Asian/Pac Is, Other): _____

Parent/Guardian Contact Information: _____

Counselor Section **Date of completion:** _____

1. Describe any behavioral or emotional concerns you have regarding this student.

2. Are you aware of any family issues or stressors contributing to this student's difficulties?

3. Have you already spoken to the parent/guardian about referring for mental health services?

No Yes If yes, date of contact: _____

Was parent in agreement with referral to Causeway Galveston mental health partners (Teen Health Center, Inc. and Family Service Center)?

No Yes

4. If the student had suicidal or homicidal thoughts, please screen for suicide/homicide risk and share your plan below (e.g., student was deemed to be at low risk, student made safety plan; student was deemed high risk and was sent to the hospital).

5. Is this student receiving any of the following services?

Special education 504 plan

Explanation: _____