Gaylord Youth Support Program
Student Referral Form

Date _____ Referral Source _____ Relationship to student: _____
Name of Student and Student Number _____ Grade _____Age _____ DOB _____
School: ☐ South Maple Elementary School ☐ North Ohio Elementary School ☐ Gaylord Intermediate School
Student's Teacher/Home Room_____
Parent/Guardian _____
Phone _____ Address _____
(Mailing)
Has parent/guardian been notified of this referral? ☐ Yes ☐ No Student Notified ☐ Yes ☐ No
If yes, by whom and when? _____
Does this student have another provider/therapist (including COPESD services?)_____

Reason(s) for Referral:

☐ Suspected Abuse/Neglect
☐ Anger/Irritability
☐ ADHD (overactive or distracted)
☐ Disruptive or Impulsive Behavior
☐ Anxiety/Worries
☐ Depression/Sadness
☐ Poor Academic Achievement
☐ Eating Disorders
☐ Family Problems
☐ Self-Esteem Issues
☐ Peer/Relationship Issues
☐ Identity Issues
☐ Inappropriate Sexual Behavior
☐ Substance Use/Abuse
☐ Poverty
☐ Self-Injury
☐ Suicidal Thoughts/Behavior
☐ Trauma
☐ Other_____

Please provide further information about this referral:
_____
_____
_____

GAYLORD YOUTH SUPPORT PROGRAM STAFF USE ONLY

☐ Consent on file
☐ No Consent on file
Date initial packet mailed: _____
Date completed consent form received _____

Outcome
☐ No further action
☐ Scheduled service at GYSP
Provider _____
Date of appointment _____

☐ Received services at GYSP before Provider _____

Follow-up Documentation:

☐ 1st attempt Date _____ Staff initials _____
_____
_____

☐ 2nd attempt Date _____ Staff initials _____
_____
_____

☐ 3rd attempt Date _____ Staff initials _____
_____
_____

☐ Contacted original referring source Date _____
_____
_____

Thank you for your referral!

South Maple Elementary School
650 E. Fifth St.
Gaylord, MI 49735
Room 34
(231) 348-9900 ext. 5157

North Ohio Elementary School
912 N. Ohio Ave.
Gaylord, MI 49735
Room 34
(231) 348-9900 ext. 5157

Gaylord Intermediate School
240 E. Fourth St.
Gaylord, MI 49735
Room 34
(231) 348-9900 ext. 5157