Missouri Comprehensive School Counseling Program:  
Responsive Services

SCHOOL COUNSELOR 
REFERRAL PROCESS GUIDE 

A School Counselor’s Guide to 
The Referral Process

Developed by Missouri School Counselors and Counselor Educators 
with support from the 
Missouri Department of Elementary and Secondary Education and the 
Missouri Center for Career Education 
May, 2015
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REFERRAL PROCESS

Introduction

Responsive Services includes the process of referring individual students to the School Counselor (SC). Throughout the referral process, the SC reviews local school board policies and consults and collaborates with teachers, parents, administrators, other school staff, and/or outside agencies on behalf of students. A formal referral system facilitates gathering and analyzing information systematically and objectively to plan for the students’ social/emotional, academic, and career development.

Missouri Comprehensive School Counseling Program (MCSCP): The content of the MCSCP addresses knowledge, skill, and understanding in Social/Emotional Development, Academic Development, and Career Development to strengthen student achievement and life success. This curriculum guides all program activities. The MCSCP Components--School Counseling Curriculum, Responsive Services, Individual Student Planning and System Support -- support learning opportunities for all students and complement learning in the other curriculum areas (e.g., Communication Arts). See MCSCP: Conceptual Category/Domain/Cluster for an overview of the MCSCP curriculum.

Responsive Services Component: This component of the MCSCP provides direction for responding to needs within the school community; including individual student situations as well as school, community, state, and/or national crises/emergencies that affect students’ lives. The SC may work with students individually, in small groups, or in large groups. It may also be necessary for an individual student to receive services outside of the school setting. The MCSCP includes resources to support the implementation of the Responsive Services Component. The following resources are available via the Guidance e-Learning web page: School-Wide Crisis Management Plan, Small Group Counseling Guide, Small Group Counseling Units and Referral Process Guide. (http://missouricareereducation.org/for/content/guidance/responsive.php)

The Referral Process: The purpose of the referral process is to provide timely and effective support to initiate an appropriate plan of action for students at various levels of need. The SC recognizes the contribution of all members of the school community including educators, parent/guardians, and students in the identification of early warning signs. SCs, as well as school resource officers (SRO), school nurses, and other school professionals, provide valuable input in identifying and providing student assistance, such as during Care Teams and/or in the Response to Intervention (RTI) process. (See the Missouri Comprehensive School Counseling Program Manual, Levels of Responsive Services Interventions, Glossary and Resources.)

In order to maintain a relationship with the individuals involved in the referral process, it is recommended that the SC make follow-up contact with the referring individual, stating that the situation has been addressed. Throughout the process, it is imperative that the SC avoids breaching the constraints of confidentiality (see ASCA Ethical Standards, FERPA1, FERPA2).

The Referral Process Guide addresses three broad categories: internal and external referral procedures, data collection and staff development.
REFERRAL PROCESS

Overview of the Referral Process

A referral is made to the School Counselor (SC) when a concern for a student arises. Possible sources of referrals may include self-referral by students experiencing a problem, concerned peers, parent(s)/guardian(s), teachers, administrators, and/or other school personnel. Emergency interventions are required in those situations that need immediate attention, (e.g., peer concern about the personal safety of another student, death of a pet or family member, physical and/or sexual abuse). The SC may determine that other resources would be appropriate, including referral to other individuals within the school system, such as the school administrator, school nurse, and/or the special services personnel. An outside referral may be necessary when an issue presented is beyond the scope, training and/or expertise of school district personnel. In the case of suspected abuse or neglect, the SC has a legal mandate to make a hotline call (Child Abuse/Neglect Reports by Mandated Reporters, Hotline Phone Call Information Form).

Steps in the Referral Process (Referral Process Flow Chart)

STEP 1. Concern for student arises

STEP 2. Student is referred to SC/concern is identified on referral form(s). (Student Self-Referral Form, Parent/Guardian Referral Form, Faculty/Staff Referral Form, Information about Counseling, Informed Consent Form)

STEP 3. Once a concern is identified, the SC uses objective and subjective data to assess the situation and determine the level and type of intervention to be taken on the student's behalf. (Student Behavior Data Collection Form, Student Contact Data Table)

Possible Interventions:
1. SC In-School Interventions
2. SC Referral to In-School Resource(s)
3. SC Referral to Community Resource(s)* (Consent for Release of Information Form)

STEP 4. Interventions are implemented and the student's progress is monitored. The student's response to the intervention will be reassessed and the intervention plan modified as needed.

STEP 5. To follow up with the referring individual, the SC maintains contact with the referring individual. Throughout this process the SC observes the guidelines of confidentiality (see ASCA Ethical Standards) as well as family privacy as mandated by the Family Educational Rights and Privacy Act (FERPA1, FERPA2). Consult local school board policies regarding student confidentiality (ethical) and family privacy (legal) as well as procedures to follow for a referral to a community agency.

*Since referral may imply a financial obligation on the part of the district, refer to local school board policies and procedures for further clarification. When the school district provides a list of available resources, individuals need to realize that this is not an endorsement of any particular resource.
REFERRAL PROCESS
Overview of the Outside Referral Process

Outside referral is the process used when an issue presented is beyond the scope or expertise of the School Counselor (SC) and other school personnel. Information about community resources should be compiled before a referral is necessary. Referrals to individuals in private practice or agencies may be necessary. (A sample referral policy may be obtained from the Missouri School Board Association.) Some issues, such as suicidal threats, may necessitate an immediate referral. Mandated reporting of suspected child abuse and neglect would be another example of outside agency contact (Child Abuse/Neglect Reports by Mandated Reporters, Hotline Phone Call Information Form).

Since referral may imply a financial obligation on the part of the district, refer to local school board policies and procedures for further clarification. When the school district provides a list of available resources, individuals need to realize that this is not an endorsement of any particular resource.

Compiling Outside Referral Resources

Prior to the school year, the SC should compile an updated list of outside referral resources for use during the school year. A list of agencies can be compiled by contacting United Way, the local Chamber of Commerce, surrounding school districts, as well as referring to the yellow pages and the ASCA web site (see List of Outside Referral Resources). One way to do this is to send the Outside Referral Contact Form Cover Letter and Outside Referral Contact Form to agencies. It is also helpful to develop relationships with these agencies and become knowledgeable of the services they provide.

Organize the returned Outside Referral Contact Forms in a binder, computer document, or other accessible system. Make the information available to students/staff/parents in the School Counselor’s office, parent center, main office and/or nurse’s office. It will be helpful to have the information available during registration and/or staff in-service and on the district’s comprehensive guidance program web site.

Steps in the Outside Referral Process

STEP 1. Utilize all appropriate in-school/district intervention resources and document the student’s response to these interventions before suggesting an outside referral to parents/guardians.

STEP 2. Check school board policies and procedures and, as necessary, discuss the policies and procedures with administrators before making outside referrals.

STEP 3. Review how you will discuss referrals with a student/parent/family prior to presenting options
   a. Assess the family’s willingness/interest in receiving outside services. Become aware of family’s cultural attitudes/beliefs about counseling.
   b. Inform family that insurance coverage/financial assistance may be available (see Outside Referral Contact Form).
   c. Provide at least three appropriate options from the list of outside referral resources. Be cautious about “recommending” any one individual or agency. Help parents/guardians advocate for themselves and their child by encouraging them to contact several professionals or agencies in order to make an informed decision.
   d. Educate student/parent/family about what they can expect during this process (see Possible Questions to Ask Outside Referral Resources).
   e. Explain the Consent for Release of Information Form and request parent/guardian signature.

STEP 4. Follow-up with student/parent/family and document the effectiveness of the referral (see Student Self-Referral Form, Parent/Guardian Referral Form, Faculty/Staff Referral Form).
Concern for student

Referral made to School Counselor by:
- Self (Student)-Student Self-Referral Form
- Parent/Guardian-Parent/Guardian Referral Form
- Teacher-Faculty/Staff Referral Form
- Administrator
- School Nurse
- Peer
- Outside Agency
- Other

See Information about Counseling, Informed Consent Form

Concern is identified on Referral Form(s)

Counselor assesses concern by collecting/reviewing data
Level and type of intervention are determined
(See Student Behavior Data Collection Form, Student Contact Data Table)

Counselor In-School Interventions:
- Emergency Intervention
- Consultation/Collaboration with Student, Parents/Guardians, and/or Teachers/Other School Personnel
- Implementation of home/classroom intervention strategies
- Individual Counseling
- Small Group Counseling

Counselor Referral to In-School Resource(s):
- Administrator
- School Nurse
- Special Services
- School Social Worker
- Resource Officer
- Peer Mediation Team

Counselor Referral to Community Resources:
- Mandated Reporting/Hotline
- Outside Counseling (e.g., Community Counseling Services)
- Division of Children's Services
- Juvenile Office
- Other Community Services (e.g., Food Pantry, Homeless Shelter, Church Outreach)

Consent for Release of Information Form

Follow-up with the referring individual within the guidelines of confidentiality
(ASCA Ethical Standards, FERPA1, FERPA2)

Implement intervention, monitor student's response to the intervention, periodically re-assess as needed

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May 2015
RESPONSIVE SERVICES: REFERRAL PROCESS

Data Collection

Data collection is essential in the referral process. It is through quantitative (e.g., student’s attendance history) and qualitative (e.g., student’s view of problem) data that patterns are discovered. Quantitative and qualitative data provide clues to the etiology of a student’s thoughts, feelings, and actions. The Data Collection Flow Chart will be helpful in the development of data collection procedures.

Student data collection begins with compiling existing quantitative data such as attendance, discipline referrals, grades, and school nurse visits. Documentation of observable behaviors may include the frequency, duration, and intensity of recurring behaviors. Information such as standardized test results and services the student has received may be found in the student’s cumulative file. In addition to quantitative data, data collection includes the compilation of qualitative data such as student interviews, teacher narratives and anecdotes, observation, and behavior rating checklists (from parents, teachers, and/or students). The Student Behavior Data Collection Form and Student Contact Data Table may be used to collect quantitative and qualitative data.

The quantitative (objective) and qualitative (subjective) student data collected are used to develop an intervention plan. That intervention plan is only shared with those involved in the referral process. The SC must emphasize the importance of confidentiality when sharing student information.

After data has been collected and intervention strategies have been implemented, it is necessary to monitor the effectiveness of those strategies by analyzing the pre/post-data. If the intervention was successful, continue monitoring student progress. If the intervention was not successful, a new plan must be developed and implemented.

In addition to facilitating timely and effective interventions to help students, systematic data collection aids in the assessment of the effectiveness of the district’s Comprehensive School Counseling Program (CSCP). It is important of the School Counselor to advocate for the district’s Comprehensive School Counseling Program. One advocacy strategy is to let others know about the positive outcomes of the program. Data collection occurs not only in the Responsive Services Component, but also, in the School Counseling Curriculum and Individual Student Planning Components. While conducting evaluation activities is included in the implementation of each component, evaluation of the district’s Comprehensive School Counseling Program as a whole, is a primary activity within the “System Support” component. Detailed information about the total program evaluation process is available on the School Counseling e-Learning page (Department of Elementary and Secondary Education and Missouri Center for Career Education website).

When School Counselors compile and analyze data from individual interventions into a year-end report to communicate successes (and needs) to stakeholders. For program evaluation purposes, data must be reported anonymously to guard student confidentiality and family privacy. The data may be used to develop proactive intervention strategies and enhance the district’s Comprehensive School Counseling Program.
Gather/Record Quantitative Data
- Attendance
- Discipline Referrals
- Grades
- Observable Behaviors:
  - Frequency
  - Duration
  - Intensity
- Cumulative file/record
  - Standardized Test Results
  - Services Received
- School Nurse’s Files
- Test Scores

Gather/Record Qualitative Data
- Additional Information from Referral Source
- Student Interviews
- Teacher Narratives and Anecdotes
- Observation
- Behavior Rating Checklists (parent, teacher, or student)

Use data to develop intervention plan

Share intervention plan with those involved in the Referral Process

Monitor selected intervention for specified time period
Continue or modify interventions as necessary

Analyze data to determine effectiveness

If intervention was successful, continue monitoring student progress
If intervention was not successful, develop a new plan and implement for a specified period

For results based year-end report of all interventions:
- Collect all data
- Analyze data
- Develop presentation
- Share with stakeholders (ASCA Ethical Standards, FERPA1, FERPA2 Guidelines)

Use data to:
- Develop proactive intervention strategies
- Evaluate District’s Comprehensive School Counseling Program

Student Behavior Data Collection Form
Student Contact Data Table
REFERRAL PROCESS

Staff Development Training on the Referral Process

It is imperative that School Counselors (SCs) provide in-service training for staff members regarding the referral process. Training sessions may be presented in conjunction with community mental health workers, district/building administrators, the school nurse, and/or the school social worker. Confidentiality and family privacy must be addressed during the in-service. These session(s) should begin with a brief overview of the Missouri Comprehensive School Counseling Program with an emphasis on the Responsive Services Component. Topics to include during the in-service are: potential interventions, referral forms, follow-up contacts, confidentiality issues, data collection, school board policies and outside referrals.

The SC will provide staff training information regarding potential interventions that may be implemented prior to a formal referral. These interventions may include, but are not limited to, student behavior charts, positive reinforcement, parent/guardian contact, proximity to teacher, etc. If these strategies prove to be ineffective the student may be referred to the SC.

The SC distributes referral forms (Student Self-Referral Form, Parent/Guardian Referral Form, Faculty/Staff Referral Form) and reviews them with the staff. These forms may also be used as a way to educate staff about the three conceptual concepts of the Missouri Comprehensive School Counseling Program: Social/Emotional Development, Academic Development, and Career Development. (See Counseling Referral Process Power Point Presentation)

The SC needs to educate staff regarding local school board policies concerning referral procedures, confidentiality, mandated reporting, referral to an outside source, documentation, and legal and ethical issues. If the district does not have policies on these topics, policies should be developed in collaboration with the School Counselor, administrators, school board members, and other district professionals. SCs should have a copy of the relevant district policies available during staff development.

The SC describes his/her role in the referral process: development and implementation of an action plan, making follow-up contact with the referring individual, and maintaining parent/guardian contact. Throughout the referral and intervention process it is imperative that the SC avoids breaching student confidentiality guidelines (see ASCA Ethical Standards, FERPA1, FERPA2). Written parent/guardian consent is necessary before implementing the action plan. (See Information about Counseling, Informed Consent Form)

The SC informs the staff of the need to collect quantitative and qualitative data regarding the referred student from a variety of sources, including the staff. This data is used to identify appropriate Responsive Service interventions for the student and to determine the effectiveness of the intervention plan.

Note: Referrals for outside counseling must be approached with caution due to the financial liability involved. Board policy should be clear on the parameters of financial obligations of the district and in any event, approval must be obtained for any services that might obligate district funds.
Concern for student arises
NOTE: In cases of abuse or neglect, the SC should be contacted immediately.

Potential areas of concern

<table>
<thead>
<tr>
<th>Social/Emotional Development</th>
<th>Academic Development</th>
<th>Career Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples:</td>
<td>Examples:</td>
<td>Examples:</td>
</tr>
<tr>
<td>• Peer relationships</td>
<td>• Grades</td>
<td>• Exploration/planning</td>
</tr>
<tr>
<td>• Family issues</td>
<td>• Attendance</td>
<td>• Post-secondary options</td>
</tr>
<tr>
<td>• Emotional issues</td>
<td>• Educational planning</td>
<td>• Applications</td>
</tr>
</tbody>
</table>

When concern arises, parents/guardians and/or school personnel (in consultation/collaboration with SC) implement pre-referral interventions.

Pre-referral intervention strategies are documented
- Teacher contact with parent/guardian; home intervention implemented
- SC/teacher consultation/conference with student; classroom intervention implemented
- Peer helper/mentor support interventions

Parent/guardian contact
Classroom Teacher (as appropriate) makes contact with the parent/guardian before making a referral to the School Counselor

Complete referral form
Student Self-Referral Form, Parent/Guardian Referral Form, Faculty/Staff Referral Form

Discuss completed referral form with the School Counselor

The School Counselor in collaboration/consultation with parents/guardians and/or classroom teacher(s), develops, implements, evaluates an action plan

Parent/guardian consent for implementation of action plan must be obtained
Information about Counseling, Informed Consent Form

Follow-up with the referring individual within the guidelines of confidentiality
ASCA Ethical Standards, FERPA1, FERPA2
MISSOURI COMPREHENSIVE SCHOOL COUNSELING PROGRAM
CONCEPTUAL CATEGORY/DOMAIN/CLUSTER

CONCEPTUAL CATEGORY PS: PERSONAL AND SOCIAL DEVELOPMENT

DOMAIN: PS 1 Understanding Self as an Individual and as a Member of Diverse Local and Global Communities
Cluster: PS.1.A. Self-concept
PS.1.B. Balancing life roles
PS.1.C. Being a contributing member of a diverse global community

DOMAIN: PS 2 Interacting With Others in Ways That Respect Individual and Group Differences
Cluster: PS.2.A. Quality relationships
PS.2.B. Respect for self and others
PS.2.C. Personal responsibility in relationships

DOMAIN: PS 3 Applying Personal Safety Skills and Coping Strategies
Cluster: PS.3.A. Safe and healthy choices
PS.3.B. Personal safety of self and others
PS.3.C. Coping skills

CONCEPTUAL CATEGORY AD: ACADEMIC DEVELOPMENT

DOMAIN: AD 4 Applying Skills Needed for Educational Achievement
Cluster: AD.4.A. Improvement of academic self-concept leading to life-long learning
AD.4.B. Self-management for life-long learning

DOMAIN: AD 5 Applying the Skills of Transitioning Between Educational Levels
Cluster: AD.5.A. Transitions

DOMAIN: AD 6 Developing and Monitoring Personal Plan of Study
Cluster: AD.6.A. Personal plan of study for life-long learning

CONCEPTUAL CATEGORY CD: CAREER DEVELOPMENT

DOMAIN: CD 7 Applying Career Exploration And Planning Skills In The Achievement Of Life Career Goals
Cluster: CD.7.A. Integration of self-knowledge into life and career plans
CD.7.B. Adaptations to world of work and technology changes
CD.7.C. Respect for all work

DOMAIN: CD 8 Knowing Where And How To Obtain Information About The World Of Work And Post-Secondary Training/Education
Cluster: CD.8.A. Career decision-making
CD.8.B. Education and career requirements

DOMAIN: CD 9 Applying Skills for Career Readiness and Success
Cluster: CD.9.A. Personal skills for job success
CD.9.B. Job seeking skills
<table>
<thead>
<tr>
<th>Students</th>
<th>Faculty &amp; Staff</th>
<th>Parent/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are educated about the counseling process.</td>
<td>SC directs faculty/staff on how to support the student during an emergency.</td>
<td>SC guides parent/guardian on how to support the student during an emergency.</td>
</tr>
<tr>
<td>Students are encouraged to make peer and self-referrals.</td>
<td>Faculty/staff use appropriate forms to refer to the SC.</td>
<td>Parent/guardian uses appropriate forms to refer to the SC.</td>
</tr>
<tr>
<td>Student safety is essential.</td>
<td>Formal Referral not required.</td>
<td>Formal Referral not required.</td>
</tr>
<tr>
<td>Student is able to see School Counselor (SC) as needed.</td>
<td>Provide information for teachers regarding Social/Emotional, academic, and career development concerns.</td>
<td>Provide information for parents regarding Social/Emotional, academic, and career development concerns.</td>
</tr>
<tr>
<td>Use the \textit{Student Self-Referral Form} to begin the short-term intervention process.</td>
<td>Use the \textit{Faculty/Staff Referral Form} to begin the short-term intervention process.</td>
<td>Use the \textit{Parent/Guardian Referral Form} to begin the short-term intervention process.</td>
</tr>
<tr>
<td>Informed Consent Form may be required after talking with student.</td>
<td>Informed Consent Form may be required after talking with student.</td>
<td>Informed Consent Form may be required after talking with student.</td>
</tr>
<tr>
<td>Consent for Release of Information Form is required.</td>
<td>Consent for Release of Information Form is required.</td>
<td>Consent for Release of Information Form is required.</td>
</tr>
<tr>
<td>Outside Referral Contact Form Cover Letter and Outside Referral Contact Form will facilitate the process.</td>
<td>Outside referral counseling process and confidentiality are explained to faculty/staff.</td>
<td>Explain the outside referral counseling process, confidentiality and \textit{Possible Questions to Ask Outside Referral Resources}.</td>
</tr>
</tbody>
</table>

See \textit{ASCA Ethical Standards, FERPA1, FERPA2}
RESPONSIVE SERVICES: REFERRAL PROCESS
Faculty/Staff Referral Form

Student Name __________________________________________ Date ________________

Grade Level/ Home Room ________________________________

Referred by: __________________________________________ Title: __________________

Area(s) of Concern:
Personal / Social Development
- Peer Relationships
- Family Relationships
- Emotional Issues
- Other __________________________

Academic Development
- Grades
- Attendance
- Educational Planning
- Other ________________________

Career Development
- Decision-making
- Exploration / Planning
- Post-Secondary Options
- Post-Secondary Applications
- Other ________________________

Pre-Referral Intervention Strategies and Response to Intervention:
_________________________________________________________________________________
_________________________________________________________________________________

Reason for Referral: ______________________________________________________________

Student’s Strengths/Interests: ______________________________________________________
_________________________________________________________________________________

Specific Observable Behaviors: ______________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Parent / Guardian Contacted: □ No □ Yes Date: _______ Outcome of Contact: __________
_________________________________________________________________________________

For School Counselor Use Only:
Informed Consent (attached) □ Yes Date________ □ No
Action Plan Date: ______________________
□ Parent/Guardian Contact □ Group Counseling □ Individual Counseling □ Hotline □ School Nurse Referral
□ Outside Resource(s) □ Special Services □ Administrator Referral □ Other ______________________
_________________________________________________________________________________
_________________________________________________________________________________

Follow-up with referring person Date: ________________
_________________________________________________________________________________

CONFIDENTIALITY – See ASCA Ethical Standards and FERPA1, FERPA2 Guidelines
Dear School Counselor,

My name is _________________________________. I am in grade _____________________.

My teacher is _______________________________. My classroom number is ________.

I need to talk with you about:

☐ URGENT!!! Something private right away!!!
☐ The death of a person or a pet I love
☐ A friend I am worried about
☐ My angry feelings
☐ How to get along better with friends/peers
☐ How to get along better with adults (parents/teachers)
☐ How to get along better with brothers and sisters
☐ How others are treating me
☐ Feeling better about myself
☐ Saying “NO!” and “STOP IT” when people want me to do things I don’t want to do
☐ My grades and schoolwork
☐ Planning now for the future
☐ Something else

Other comments  _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signed _______________________________________________ Date __________________

Return this form to the School Counseling Office. I will contact you as soon as possible. If you have indicated this is URGENT!! Return the form to a person in the guidance and counseling office or your classroom teacher.
RESPONSIVE SERVICES: REFERRAL PROCESS
Student Self Referral Form (High School)

Name ___________________________________________. Grade __________________

Homeroom teacher: ____________________. Best Hour(s) to contact me: ______________

I need to talk with you about:

- URGENT!!! Something private right away!!!
- Illness or loss of a family member or friend
- A friend I am worried about
- My angry feelings
- Relationship(s) with friend(s)/peer(s)
- Relationship(s) with adult(s) e.g., parent(s)/teacher(s)
- Relationship(s) with sibling(s)
- Someone is bullying me
- I think I might be a bully myself
- I want to feel better about myself
- Saying “NO!” and “STOP IT” to friends who want me to do things I don’t want to do
- My grades and schoolwork
- Planning now for the future (e.g. career choices, post-secondary options)
- Something else—I will tell you when I see you!

Other comments _____________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signed _______________________________________________ Date __________________

Return this form to the Guidance and Counseling Office. I will contact you as soon as possible. If you have indicated this is URGENT!! Return the form to a person in the guidance and counseling office or the building secretary.
RESPONSIVE SERVICES: REFERRAL PROCESS

Parent/Guardian Referral Form

A School Counselor is available for students, parents, faculty and staff by appointment. Please call (_______), stop by the counseling office, or e-mail (_______) to schedule an appointment.

I am requesting that the School Counselor talk with my child:

___ Urgent—today!  ___ As soon as possible  ___ After the school counselor and I talk

Student’s Name ___________________________ Grade _________________

Classroom/Homeroom Teacher __________________________

Your Name ___________________________ Relationship to Student ______________________

Phone ___________________________ Best times to reach me _____________________________

Your Signature________________________ Date _________________________

My child’s strengths include ___________________________________________________________
_________________________________________________________________________________

My primary concern(s) (Check all that apply):

☐ Something’s wrong but I don’t know what

☐ A loss (e.g. death of a person or pet, loss of a friendship, parents’ divorce)

☐ Anger

☐ Perfectionism

☐ Relationships with friends/peers

☐ Relationships with adults (parents/teachers)

☐ Relationships with brothers/sisters

☐ How my child is treated by others

☐ Feelings of negativity, discouragement, self-doubt

☐ Unhealthy or unsafe choices

☐ Study skills, grades and schoolwork

☐ Post-secondary options/Planning now for future

☐ Other Concern(s) ____________________________

Additional information regarding concern(s)  ______________________________________________
___________________________________________________________________________________

Return this form to Guidance and Counseling Office. I will contact you as soon as possible.
Information about Counseling: Letter to Parent for Informed Consent (page 1)

Dear Parent,

If your child is referred to the school counselor, the very word “counseling” may make it sound like a mysterious process, but it is not. Counseling is a relationship built on confidentiality and trust—student trust, parent trust, teacher trust. Adequate information is the foundation of trust—all involved must have information about the limits and processes of counseling. The following information describes the overall process of counseling.

**How does a student receive counseling at school?:** Students may be referred to the School Counselor (SC) for individual and/or small group counseling by their parents or guardians, school faculty, school staff, a concerned friend, or they may refer themselves. Once a referral is made the SC sets up a meeting with the referred student.

**Who provides the counseling at school?** Counseling is provided by a state certified School Counselor (SC). The SC has a Master’s degree with an emphasis in School Counseling. School Counseling focuses on the academic development, Social/Emotional development, and career development of students.

**Is counseling required?** It is your choice to give consent for your child to receive counseling.

**What will counseling for your child involve?** Counseling may include small group or individual sessions. During the sessions, your child and a SC will work together to understand the problem, the present and future consequences, develop goals for change and a plan of action for change.

**How is information shared?** Trust is the basis for effective counseling. The ethical guidelines of the American School Counselor Association emphasize the importance of confidentiality between school counselors and students at the same time recognizing the rights of parents. As a parent or guardian, you must trust that the SC will “take good care of” one of your most prized possessions. Your child must know and trust that, what is shared with the counselor will stay with the counselor unless he or she gives permission to share information or if the counselor suspects the child is in danger of being hurt by others, hurting himself, or hurting others.

**Confidentiality:** Trust and confidentiality work together. Counseling records do not become a part of the permanent record of the student except as required by school safety policy. A record may indicate that a student was seen by the School Counselor; however, the topics discussed are not included unless required by the school board safety policy. The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced—information will not be released to anyone outside our school without your written permission. The SC may talk with the classroom teacher about how he or she can help your child in the classroom; however, specific information will not be shared.

**Possible outcomes:** Through counseling, your child may be taught strategies to help him or her make more effective and healthier decisions, increase the ability to set and reach goals, build better relationships with others, and be more successful in school. We all must realize that changes take time; his or her problem did not develop overnight, nor will it disappear overnight. Counseling will be successful when students, school counselors, teachers, and family members work together.

**Cost:** There is no cost to you for any of the counseling your child receives as a part of our district’s Comprehensive School Counseling Program.

Please contact me if you want more information or have ideas about how we can better help your child.

School Counselor contact information:

School Phone: ___________________ e-mail _____________________
Informed Consent Form (page 2)

I have read and understand the information provided by the School Counselor and have had an opportunity to ask questions about counseling.

___ I consent for my child to participate in counseling.

I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

___ I do not consent for my child to participate in counseling.

I understand that this consent is effective for the current school year ________ to ________.

________________________________________________  ________________________
Student First/Last Names (please print)        Home Room

________________________________________________  ________________________
Parent/Guardian/Student Signature*         Date

*Students age eighteen and over may or may not be required to have a parent/guardian signature. Please contact me for more information.

School Counselor contact information:
School Phone: __________________ e-mail _____________________________

Please return this form to the Guidance and Counseling Office by ________________.
Consent for Release of Information Form

Student's Name: ___________________________________ Date of Request: ____________

Student's Birth Date/Year: _______________ Grade: __________ Teacher _______________

I hereby authorize the release of information about my child to:

____________________________________________________________________________
(Name of District/Specific School/Agency/Individual)

____________________________________________________________________________
(Address)

____________________________________________________________________________
(City)            (State)    (Zip Code)

____________________________________________________________________________
(Phone number)     (Fax number)        (E-mail)

This information is requested for the following purpose(s):

____________________________________________________________________________

I authorize the release of the following information (check all that apply):

___ Cumulative permanent school record/transcript
___ Attendance/discipline records
___ Withdrawal grades and date
___ Psychological reports (IEP, testing, diagnostic report)
___ Diagnosis and treatment plans
___ Medical/Health records
___ Other _________________________________________________________________

I understand this information is confidential and will be released in accordance with the Family
Educational Rights Privacy Act (FERPA). I understand that I may revoke this consent at any
time by submitting written notice of the withdrawal of consent to this school district.

__________________________________________________________  _________________
(Signature of Parent/Legal Guardian or emancipated student      (Date

This Consent for Release of Information is valid for this school year.
### Student Behavior Data Collection Form

<table>
<thead>
<tr>
<th>Teacher Concerns (mark with X)</th>
<th>Observed Behaviors</th>
<th>School Counselor rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Marking Period 1</td>
</tr>
<tr>
<td>Academic Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows directions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listens attentively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stays on task</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance with teacher requests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows rules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manages personal and school property (e.g., prepared, organized)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Works neatly and carefully</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in discussion and activities (e.g., motivation, lack of participation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes and returns homework</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal and Social Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cooperates with others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows respect for others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allows others to work undisturbed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts responsibility for own misbehavior (e.g., provoking fights, bullying, fighting, defiant, anger, stealing)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Issues (e.g., perfectionism, anxiety, anger, depression, suicide, aggression, withdrawn, low self-esteem)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of the World of Work</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Appraisal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decision Making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goal Setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add Other Concerns:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Issues (e.g., divorce, death, abuse, socio-economic, incarceration, military deployment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School Record Data (To be completed by SC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance: # of days absent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendance: # of days tardy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discipline: # of referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grades</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School nurse visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Test Scores</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Adapted from Columbia Public Schools. Modify this template as necessary to accommodate local reporting periods and assessment/data collection processes and procedures.)
Student Contact Data Table
The school counselor may use this table to record student contacts; data will be useful when measuring outcome effectiveness of intervention.

<table>
<thead>
<tr>
<th>Student Information</th>
<th>Personal Social Development</th>
<th>Academic Development</th>
<th>Career Development</th>
<th>Level of Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students’ Names</td>
<td>Date</td>
<td>Grade</td>
<td>Level</td>
<td>Level</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Home Room</td>
<td>Peer Relationship</td>
<td>1=low 1=high</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Family Relationship</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Emotional</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Issue</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Grades</td>
<td>Attendance</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Educational Planning</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Exploration / Planning</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post-Secondary Applications</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Missouri Comprehensive School Counseling Programs: Linking School Success to Life Success
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May 2015
RESPONSIVE SERVICES: REFERRAL PROCESS
Hotline Phone Call Information

Missouri Child Abuse and Neglect Hotline Phone Number: 1-800-392-3738
National Child Abuse and Neglect Hotline Phone Number: 1-800-422-4453

Ask the worker for his or her name and badge ID for your records.
You may be asked the following questions during a hotline phone report. It is to your advantage to have this information available prior to making the phone call.

Your Name and Position
Would you like to remain anonymous? (Mandated reporters may not remain anonymous)
Have you reported with us before?
Student Name
Student Age / Birth Date
Student Address
Student Phone Number
County
Parent's Name(s)
Parent's Place of Employment (if there is no home phone number)
What is the make up of the household?
Sibling's Name(s) and Ages
Are there any other adults in the home?
Name of School and School Hours
Nature of the hotline phone call with details
How did you learn about this situation?
When did you last see the child?
Is the child in immediate danger?
Could this child be targeted or singled out for abuse?
Where is the child now?
Where will the child be in the next 24 hours?
Can the child return to the house?
Are there any known dangers in the house (drugs, weapons, animals, domestic abuse)?
Would you like to receive a follow up to the disposition of the report?

The worker should tell you in what county the report will be filed and the phone number to the facility. If he or she does not, it is appropriate to ask.
### RESPONSIVE SERVICES: REFERRAL PROCESS

#### Outside Referral Resources

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Note: These resources are provided to stimulate your thinking about resource availability in your local area. The list is not exhaustive nor is this list an endorsement of the services any one agency or individual provides. Other sources for resources to add are: “Community Human Services” sections and yellow pages of local phone directories; state legislators from your local area may publish a booklet of area resources.

<table>
<thead>
<tr>
<th>Area Support Groups</th>
<th>Assistance Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>- American Red Cross</td>
<td>- County Health Clinic</td>
</tr>
<tr>
<td>- United Way</td>
<td>- Employee Assistance Programs</td>
</tr>
<tr>
<td>- Easter Seals</td>
<td>- Social Security</td>
</tr>
<tr>
<td>- Hospice</td>
<td>- Medicare</td>
</tr>
<tr>
<td>- Compassionate Friends (loss of a child)</td>
<td>- Medicaid</td>
</tr>
<tr>
<td>- Local Chapters of organizations for specific illnesses (e.g. M.S. Society)</td>
<td>- Medicaid</td>
</tr>
<tr>
<td>- National Alliance for Mental Health (NAMI)</td>
<td>- Medicaid</td>
</tr>
<tr>
<td><strong>Civic Groups/Youth Clubs</strong></td>
<td><strong>Assistance Programs</strong></td>
</tr>
<tr>
<td>- Faith-based Groups</td>
<td>- County Health Clinic</td>
</tr>
<tr>
<td>- Kiwanis</td>
<td>- Employee Assistance Programs</td>
</tr>
<tr>
<td>- Lions Club</td>
<td>- Social Security</td>
</tr>
<tr>
<td>- Rotary Club</td>
<td>- Medicare</td>
</tr>
<tr>
<td><strong>Counseling Centers</strong></td>
<td><strong>Assistance Programs</strong></td>
</tr>
<tr>
<td>- Community Mental Health Centers</td>
<td>- County Health Clinic</td>
</tr>
<tr>
<td>- Private Practice Groups/Individuals</td>
<td>- Employee Assistance Programs</td>
</tr>
<tr>
<td>- Licensed Professional Counselors</td>
<td>- Social Security</td>
</tr>
<tr>
<td>- Licensed Clinical Social Workers</td>
<td>- Medicare</td>
</tr>
<tr>
<td>- Psychologists</td>
<td>- Medicaid</td>
</tr>
<tr>
<td>- Psychiatrists</td>
<td>- Medicaid</td>
</tr>
<tr>
<td><strong>Daycare Providers</strong></td>
<td><strong>Substance Abuse</strong></td>
</tr>
<tr>
<td>- Adult care Providers</td>
<td>- Al-Anon (support for families of alcoholics)</td>
</tr>
<tr>
<td>- Childcare Providers</td>
<td>- AAteen (support for children of alcoholic parent[s])</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td><strong>Drug and Alcohol Treatment Facilities</strong></td>
</tr>
<tr>
<td>- Area Agencies, e.g. “Pathways”</td>
<td>- Missouri School for the Deaf</td>
</tr>
<tr>
<td><strong>Special Education Programs</strong></td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Employment and Training Programs</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Language Center for non-English Speakers</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Parents as Teachers</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Practical Parenting Partnerships</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Vocational Rehabilitation</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Career Centers &amp; other Technical Educational Programs</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td><strong>Special Schools</strong></td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
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</tr>
<tr>
<td>- AAteen (support for children of alcoholic parent[s])</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td><strong>Youth Groups</strong></td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- 4-H</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Big Brothers Big Sisters</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Boys &amp; Girls Clubs</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- YWCA/YMCA</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Boys Scouts</td>
<td>- Missouri School for the Blind</td>
</tr>
<tr>
<td>- Girl Scouts</td>
<td>- Missouri School for the Blind</td>
</tr>
</tbody>
</table>

May 2015
Date

Dear Provider,

I am the School Counselor at (school name). I am compiling a file of contacts, agencies and other resources I can use with my students, parents and families. I would like to include information about your services for children and families. Will you please complete and return the enclosed form? I would appreciate your including brochures or helpful handouts about your services with the form. I plan to make completed forms and informational materials available to parents/guardians, teachers and students. Your contribution will add to the resources I provide for families, staff and students at my school.

Thank you ahead of time for your time and assistance! Students will benefit from your investment!

Educationally,

(Name of School Counselor)
(Name of School)
(School Address)
(Contact phone/e-mail)
RESPONSIVE SERVICES: REFERRAL PROCESS

Outside Referral Contact Form

Please fill in all items appropriate to your private practice or agency. Return form by _____ to:
(School Counselor)
(Name of School)
(Street, City, State, Zip)

Agency _________________________________________________________________

Street Address/City/State/Zip: _______________________________________________

Phone ______________________ Fax ______________________ e-mail _______________________

Contact Person _____________________________________________________________

Website Address ___________________________________________________________

Ages you serve: [ ] young children (ages: _______) [ ] adolescents [ ] adults [ ] senior citizens
Bilingual services: [ ] yes languages served: ______________________________________ [ ]
no

Male/female clinicians available [ ] yes [ ] no

Days/hours of service: _________________________________________________________

Waiting list time: [ ] yes, how long? ____________________________________________ [ ] no

Check all that apply to the service(s) offered by your private practice or agency:

[ ] mental health services [ ] financial assistance [ ] youth/parenting programs
[ ] individual [ ] medical [ ] childcare
[ ] small group [ ] dental [ ] tutoring
[ ] crisis [ ] glasses [ ] enrichment programs
[ ] family [ ] prescription [ ] parenting classes
[ ] marriage [ ] shelter [ ] grandparent programs
[ ] outpatient services [ ] food [ ] recreation
[ ] residential programs [ ] clothing [ ] summer camp
[ ] grief [ ] utilities [ ] youth groups (Scouts, 4H, etc.)
[ ] anger management [ ] housing assistance [ ] civic clubs (e.g. Kiwanis, Lions)
[ ] sexual abuse [ ] household items [ ]
[ ] sexual orientation [ ] legal/financial services [ ]
[ ] domestics violence [ ] school supplies [ ]
[ ] play/art therapy [ ] school uniforms

Description of program/services _________________________________________________
__________________________

Kinds of Insurance accepted: ___________________________________________________

Fee Schedule _____________________________Sliding scale? [ ] yes [ ] no

Service area (county, boundaries): ______________________________________________

Please provide pamphlets and handouts if available.

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RESPONSIVE SERVICES: REFERRAL PROCESS
Possible Questions for Parents/Guardians to Ask Outside Referral Resources

When seeking services of an individual/agency outside of school, it is important for you to work with individuals/agencies you trust. Asking questions before you make a commitment to an individual or agency, helps to avoid dissatisfaction later. These are questions that you may or may not want to ask. REMEMBER: It is “ok” to have questions AND it is your right to ask and receive answers to your questions.

- What kind of concerns do you deal with?
- What kinds of insurance do you take?
- What is the cost of services?
- Do you offer a free “trial session”? (Many individuals & agencies offer a free initial session)
- Can you provide the appropriate services for my child?
- Is there a waiting list for new clients? How long?
- How long does the counseling process usually take?
- Are transportation services provided?
- Do you serve special needs populations? (e.g. children with Autism, Hearing Impairments, Developmental Delays, Physical Handicaps)
- What do you suggest for a student who is in danger to self or others?
- Do you have bi-lingual (specific language?) professionals on staff for clients with limited English proficiency?
- Do you have a ________ professional to work with me/my child? (ask if you want a specific gender, ethnicity, race employee to work with you or your child)
- What shall I expect when I come in?
- What do I need to bring with me?
- How do I get there?
- Any additional questions you may have.

Did you get all of your questions answered? If not, ask those questions again.
RESPONSIVE SERVICES: REFERRAL PROCESS

Glossary

This list of terms is to assist in comprehending the Referral Process.

Confidentiality: The School Counselor protects the privacy of information received in the counseling relationship as specified by federal and state laws, written policies and applicable ethical standards. Such information is only to be revealed to others with the informed consent of the student, consistent with the SC’s ethical obligation (see ASCA Ethical Standards and FERPA1, FERPA2 Guidelines).

Mandated Reporter: Any school official or employee who knows or has reasonable cause to suspect that a child has been subjected to abuse or neglect, or who observes the child being subjected to abuse or neglect, will immediately make a report to the Missouri Children’s Division via the Child Abuse Hotline, as required by law. (Missouri Child Abuse/Neglect hotline 1-800-392-3738)

Mandated Reporting: The process of contacting the Missouri Children’s Division via the Child Abuse Hotline, as required by law. (Missouri Child Abuse/Neglect hotline 1-800-392-3738)

Outside Agency/Resources: Any organization outside the school district that provides assistance to students and/or families. These may include State/Local Division of Children’s Services, local housing authority, Social Security, counseling agencies, juvenile justice system, mental and physical health treatment centers or charitable organizations such as American Red Cross, Salvation Army and Easter Seals.

Outside Referral: Any referral to local community resources or agencies outside the school district (see Outside Referral Resources).

Results Based Program Evaluation: The process of gathering and analyzing data to drive student interventions, improve student program services, and advocate for the local guidance program, as well as the Missouri Comprehensive Guidance Program.

Special Services: Additional services available to students that may include special education, Section 504, gifted, Response to Intervention, remedial programs, and tutoring or credit recovery.

Specific Observable Behavior(s): Behavior that is directly observed. It is recorded in objective, factual language and includes the situation (people/place/activity) in which behavior occurs, the “antecedent, behavior, and consequence,” and the frequency, duration, and intensity.

Response to Intervention (RTI): (See the first paragraph for the Missouri Comprehensive Guidance Program adaptation of RTI.)

The Missouri Comprehensive School Counseling Program (MCSCP) and RTI: The concept of “response-to-intervention,” as used in the MCSCP: Responses Services Referral Process Guide, is modeled after the Response-to-Intervention within special education legislation. HOWEVER, it is important to note the differences. In the case of MCSCP, it is a way of illustrating the process of graduated interventions to address student concerns and places a focus on measuring the effectiveness of counseling interventions with individual students. More specifically, it is a tiered model for providing systematic and data-driven counseling intervention services to students. The specific needs of the student determine the level or intensity of the intervention. Student progress is monitored at specific points in the process in order to provide measurable data about the response of the student to the intervention(s). Data gathered during the progressively more intensive interventions become a part of the assessment information required in the event an outside referral becomes an option for an individual student’s success. (Adapted from the Missouri Department of Elementary and Secondary Education: Special Education Section definition of RTI [see link below].)

Special Education and RTI (the Missouri definition): A tiered model of providing intervention services to students that is systematic and data-driven. The level or intensity of the intervention is based upon the specific academic or behavioral needs of the student. Student progress is monitored during all points in the system in order to provide information on the response of the student to the intervention implemented. If a disability is suspected, data gathered during the progressively more intensive intervention process can be used as a part of the evaluation information required to qualify a student with a Specific Learning Disability (SLD). For other disabilities, the information is an excellent source of additional data to clarify a student’s specific learning needs.

http://dese.mo.gov/3tieredmodels/index.html
RESPONSIVE SERVICES: REFERRAL PROCESS

Resources

Websites

Missouri Center for Career Education Guidance e-Learning Page
American School Counselor Association
Confidentiality Resources
Division of Children’s Services
Family Education Rights and Privacy Act (FERPA1)
Family Education Rights and Privacy Act (FERPA2)
Missouri Department of Elementary & Secondary Education
Missouri School Counselor Association
School-Based Client Consultation, Referral and Management of Care (UCLA School Mental Health Project)

Outside Referral Resources Websites

American Red Cross
Make-a-Wish Foundation
Missouri Department of Health and Senior Services
Missouri Department of Mental Health
Missouri Department of Social Services
Missouri Juvenile Justice Association
National Alliance on Mental Illness
ParentLink
Ronald McDonald House
University of Missouri Extension Service
U.S. Department of Health & Human Services

* The organizations, web sites, and other resources listed here are not exhaustive, nor is their inclusion intended as an endorsement by Missouri Center for Career Education, Missouri School Counselor Association, or the Missouri Department of Elementary and Secondary Education. Rather, these listings are intended to assist in the development of local resources for the Referral Process.