

St. Louis County Children's Service Grant

Request Form for School-Based *COUNSELING SERVICES*

Saint Louis Counseling-School Partnership Program 5 Premier Drive, Suite 200, Fenton, MO 63026

Office – 314-544-3800 Director – 314-602-6846 Fax – 314-843-0552

DATE OF REFERRAL _____

STUDENT NAME [one student/referral] LAST _____ FIRST _____

ADDRESS _____ CITY _____ ZIP CODE _____

DOB _____ GRADE _____ GENDER _____ RACE _____ HOME PHONE _____

PARENT/GUARDIAN NAME _____ WORK PHONE _____

PARENT CELL NUMBER _____ PARENT E-MAIL ADDRESS (IF APPLICABLE) _____

PREFERRED CONTACT TIME[S] _____ WHO HAS LEGAL CUSTODY, IF DIVORCED _____

DOES THE STUDENT HAVE A CURRENT/PAST IEP? _____ IS THE STUDENT CURRENTLY TAKING MEDICATION? _____

DOES THE STUDENT HAVE A KNOWN DIAGNOSIS? _____

SCHOOL _____ SCHOOL PHONE NUMBER _____

SCHOOL ADDRESS _____

PRINCIPAL/PERSON REFERRING _____

TEACHER NAME _____ TEACHER E-MAIL ADDRESS _____

IS THERAPY A CONDITION FOR STUDENT TO REMAIN IN SCHOOL? YES NO (IF YES, PLEASE GIVE FURTHER EXPLANATION IN COMMENT SECTION BELOW)

ADDITIONAL COMMENTS OR CONCERNS YOU HAVE IN REFERRING THE ABOVE STUDENT (PLEASE ATTACH ADDITIONAL PAGE, IF NECESSARY)



School Partnership Program (SPP)

5 Premier Drive | Suite 200 | Fenton, MO 63026 | P: 314.544.3800 | F: 314.843.0552

(rev 8-1-2022)

Consent Form: Parent/Guardian

Note: Please read and sign all three sections.

I give permission for my child _____
to participate in counseling services with Saint Louis Counseling's school counselor.

Counseling services will be provided at _____ School.

Parent/Guardian's Name (Please Print) _____

Parent/Guardian's Signature _____

Phone Numbers: _____

Best Time to Contact: _____

Today's Date: _____

I give permission for the therapist to speak with and/or write to the principal, or other referring school personnel for the purpose of sharing information that will help the school staff understand and work with my child. This consent will remain in effect until counseling is terminated.

Parent/Guardian's Signature _____

Today's Date _____

Some case records may be used for auditing purposes. All records will be kept in strictest confidence, however.





Saint Louis Counseling

5 Premier Drive Suite 200
Fenton, MO 63026-2943

Phone: 314-544-3800 Fax: 314-843-0552

Patient Name:

Pediatric Symptom Checklist-35

Date: _____

Assessment Type:

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please mark under the heading that best fits your child.

Questions	Never (0)	Sometimes (1)	Often (2)
1. Complains of aches/pains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Spends more time alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Tires easily, has little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fidgety, unable to sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has trouble with a teacher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Less interested in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts as if driven by a motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Daydreams too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Distracted easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Is afraid of new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Feels sad, unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is irritable, angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Feels hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Has trouble concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Less interest in friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Fights with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Absent from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. School grades dropping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Is down on him or herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Visits doctor with doctor finding nothing wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Has trouble sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Worries a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Wants to be with you more than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Feels he or she is bad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Takes unnecessary risks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Gets hurt frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seems to be having less fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts younger than children his or her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Does not listen to rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does not show feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Does not understand other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Teases others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Blames others for his or her troubles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Takes things that do not belong to him or her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Refuses to share	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total

No

Yes

Does your child have any emotional or behavioral problems for which she/he needs help?

☐
☐

Are there any services that you would like your child to receive for these problems?

☐
☐

If yes, what services?