



LOS ANGELES UNIFIED SCHOOL DISTRICT  
STUDENT HEALTH AND HUMAN SERVICES  
SCHOOL MENTAL HEALTH  
CRISIS COUNSELING & INTERVENTION SERVICES

**CRISIS COUNSELING REFERRAL FORM**

After a critical incident, some students may need extra support and crisis counseling services. To maintain order, crisis counselors will summons students from this list.

Complete the form below and provide as much information as possible in the Comments section, such as:

- They have witnessed community violence involving a death or serious injury
- They had a close relationship to the teacher/staff member
- They have experienced a recent loss of family/friend
- Any other relevant information

Please return this form to \_\_\_\_\_ (designated staff/office).

Thank you for your support and cooperation.

PERSON MAKING THE REFERRAL: \_\_\_\_\_

Room/Office: \_\_\_\_\_ Date: \_\_\_\_\_

Name & DOB (optional)	Grade/ Room #	Comments