

Mental Health Referral Form

Date of Referral: 10/6/2025

Student Information:

Student Name: [REDACTED]

Student Number: [REDACTED]

Does this student have IEP? NO

Does this student have a BIP in place? NO

Medicaid #: Unsure

Date of Birth: 10/22/2013 Age: 11 Grade: 6th

Parent/Guardian Name: [REDACTED]

Gender: (Please Circle) Male ☐ Female ☒ Transgender ☐ Other ☐

Address: [REDACTED]

City: Danville State: VA Zip: 24540

Home Phone#: 434-713-9868 Cell #: 434-713-9868 Work #: N/A

Name & Title of Person making referral: Jimmy Trapp School: Westwood Middle School

Person making the referral did you advise the parent/guardian you are making the referral?

(Please Circle) Yes ☒ No ☐

Phone number/email of person making referral: 434-797-8860

Service (s) Requested (Please Check All That Apply)

- ☒ Therapeutic Day Treatment (TDT)
- ☒ Individual Counseling Services
- ☐ Crisis Stabilization Services
- ☐ Psychiatry Services/Assessment/Evaluation

Presenting Problem: (List problem behaviors; include any medications for emotional and/ or behavior problems)

Adjustment issues

Academic issues

Social issues

Please send referral to: Charika Carter ccarter3@mail.dps.k12.va.us

Mental Health Referral Form

Date of Referral: 10/6/2025

Student Information:

Student Name: Ariyah Morton

Student Number: 400007167

Does this student have IEP? NO

Does this student have a BIP in place? NO

Medicaid #: _____

Date of Birth: 12/5/2012 Age: 12 Grade: 7

Parent/Guardian Name: Yesmine Keen

Gender: (Please Circle) Male ☒ Female Transgender Other

Address: 261 Belmeade Ct

City Danville State VA Zip 24540

Home Phone#: _____ Cell #: 434-6887573 Work #: _____

Name & Title of Person making referral: J. Barclay-Rey School: WMS
School counselor

Person making the referral did you advise the parent/guardian you are making the referral?

(Please Circle) ☒ Yes No

Phone number/email of person making referral: jbarclay@mail.dps.k12.va.us

Service (s) Requested (Please Check All That Apply)

- ☒ Therapeutic Day Treatment (TDT)
☒ Individual Counseling Services
☐ Crisis Stabilization Services
☐ Psychiatry Services/Assessment/Evaluation _____

Presenting Problem: (List problem behaviors; include any medications for emotional and/ or behavior problems)

Ariyah has been self-harming for about 4-6 weeks.
She struggles with peer interactions and conflict
resolution. She needs coping strategies to better deal
with challenges. Ariyah is often withdrawn and
stays to herself.

Please send referral to: Charika Carter ccarter3@mail.dps.k12.va.us