

From Sharon Lemmert, Counselor Aniak/Upriver Schools

As the trauma counselor within the school setting, I help to support children who have experienced a traumatic event. For example, group and individual counseling to help reduce Post-Traumatic Stress Disorder, depression, and general anxiety. Also, homework assignments are encouraged such as; keeping regular journals to reinforce skills being learned through counseling. Overall, the students and families have been supportive of services. The students willingly participate in counseling activities. For example, groups for friendships, kindness, bullying, and empathy. At this time, their parents are completing referral forms for services and making contact with me. When deemed necessary I make referrals to outside agencies for additional support services for the student and family counseling.

My goal for the future of this program is to advocate for more counseling and training opportunities for staff and parents to better understand what trauma-informed education care looks like for trauma-sensitive schools.

I need to see the School Counselor!

My name is:

Today's Date:

My teacher's name is:

I would like to talk with you about:

- ☐ Myself/my feelings
- ☐ My school work
- ☐ Something private
- ☐ My friends
- ☐ My class
- ☐ Bullying
- ☐ My family
- ☐ A problem I need help with
- ☐ Something else
- ☐ My attendance
- ☐ My health

Please tell me more if you want on the back of this paper. Put this form in my mailbox or deliver to me.

Counseling Department use only: Date Student was seen _____

Teacher Referral for Counseling Department

Student name: _____ Date: _____

Referring Teacher: _____

Reasons for referral (check all that apply):

- ☐ Aggression
- ☐ Bullying-target
- ☐ Bullying-perpetrator
- ☐ Self-injury (cutting, biting, head-banging etc.)
- ☐ Anger management
- ☐ Social Skills
- ☐ Grief and loss
- ☐ Sadness
- ☐ Defiant
- ☐ Disruptive
- ☐ Withdrawn
- ☐ Difficulty with peer relationships
- ☐ Cries easily/often for age
- ☐ Sexualized behavior
- ☐ Self-image/Self-esteem
- ☐ Always tired
- ☐ Worried/Scared
- ☐ Personal hygiene
- ☐ Suicidal ideation
- ☐ Family concerns
- ☐ Truancy/attendance
- ☐ Lacks motivation
- ☐ Drastic mood shifts
- ☐ Other

Explanation:

Are parents/guardians aware of your concerns? () YES () NO

When is a good time to pull the child from the classroom?

1st choice _____

2nd choice _____

Thank you for your referral. Please place your completed form in the "Referrals" envelope in my mailbox.