



101 East 56th Street
New York, NY 10022
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childmind.org

Student Referral Form for School Staff

Student Success Program – Grief and Loss Group Program (Telehealth)

Please complete this form to initiate the referral process:

Student Name: _____ Gender: ____ Grade: ____ Age: ____ DOB: _____

Guardian's Name		Primary Language	
Guardian's Phone		Email Address:	
Mailing Address:			

Primary electronic device student will be using to participate in telehealth group sessions:

NYC DOE-issued device (portal/platform used: _____) Personal device

Does student have access to reliable wifi? Yes No

Staff member completing form: _____ Position: _____ Date: _____

I have notified the child's legal guardian about this grief/loss telehealth group program and have obtained consent to provide their contact information to the Child Mind Institute for recruitment purposes and ongoing outreach.

Describe your reasons for referring this student as they relate to grief/loss (including the grief event-if known), and the primary concerns and/or problem behaviors you have observed in them (as applicable):

Grief/loss event(s) experienced (who/when/how, as much as you know):

Was loss related to COVID-19? Yes No Unknown

Primary concerns and/or problem behaviors observed:

Please check any mental health services this student has received/is receiving:

In-school counseling Outside counseling/therapy None Unknown

Please check any accommodations in place: IEP 504 None

Please E-mail completed forms to Taylor Barkee at Taylor.Barkee@childmind.org