



## Trauma Informed Referral for School Based Mental Health services

1. Is the child currently physically, mentally, and emotionally safe at home and at school? If no please ensure their safety by referring to protective services or mental health crisis support.
2. Does the child get adequate food, shelter or sleep? If no please refer to wraparound, social work or other services and educate parents on the appropriate amount of sleep for a child per [pediatric recommendations](#).
3. Does the child engage in daily healing activities at school such as singing, dancing, exercising, free play, and being outside? If not please incorporate these activities into their daily routine. They all stimulate the vagus nerve, reduce cortisol levels and provide agency.
4. Does the child have opportunities to be seen and heard and engage in activities that are meaningful and self directed? Agency and control are the foundation of healing and relieving stress. Please adapt the environment to provide opportunities for choice, personalized learning and adapt the curriculum so it is culturally responsive.
5. Does the child have behavioral challenges that result in punishment that shames them and/or provides no meaningful way to build skills? Behavioral challenges are our biggest opportunity to build skills and demonstrate unconditional positive regard. Children need consequences that provide opportunities to grow and separate the behavior from who they are as a person. Please adapt discipline policies to reflect this.
6. Please share the child's strengths:
7. Please share your concerns/reason for mental health referral.

