

Mental Health Referral for Psychological Support

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Child's Name], a [Child's Age] year-old who has been experiencing [brief description of the issues, e.g., anxiety, depression, behavioral problems]. Despite our efforts to provide support, it has become clear that professional psychological assistance is needed.

Background Information:

- Child's Name: [Child's Name]
- Date of Birth: [DOB]
- School/Grade: [School Name, Grade]
- Parent/Guardian Contact: [Contact Information]

Observations and Concerns:

[Provide brief observations about the child's behavior, emotional state, and any relevant family dynamics or history.]

Referral Reason:

Due to [specific reasons for referral, e.g., ongoing symptoms, significant changes in behavior, etc.], I believe that [Child's Name] would benefit from professional intervention and support.

Please feel free to contact me if you require any further information or to discuss this referral in detail.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Organization]

[Your Contact Information]