

School \_\_\_\_\_

Date of training \_\_\_\_\_

**Have you referred any youth to mental health services since completing the Youth Mental Health First Aid Program?**

Examples of mental health or related services:

- Outpatient mental health services (Examples: counseling, group therapy, medical consultations, or psychiatry)
- Emergency Room
- Hotlines (988 Suicide Crisis Lifeline)
- Housing or food insecurity resources
- LGBTQ+ supports/services
- Peer support (Support Groups, Alateen, Church Groups)
- Healthcare services (Clinics and medical offices)
- School Based Youth Services

**Please check the box next to your answer**

- Yes, I have referred a young person to one or more of these services.
- No, I have not referred any young people to any of these services.

**If you answered yes, how many youths have you referred?**

\_\_\_\_\_

Thank you for completing this survey!

