

TEACHER REFERRAL FORM FOR COUNSELING SERVICES

Student's Name: _____ Date: _____

Referring Teacher: _____

Reason(s) for referral:

- Disruptive classroom behavior
- Difficulty in getting along with other students
- Consistent neglect of schoolwork
- Extreme dislike or fear of school
- Inattentive; excessive daydreaming
- Anti-social behavior
- Lack of motivation in school
- Personal or home problems
- Other:

Comments:

Action(s) taken by the Teacher: _____

Student's attitude toward the problem: _____

- I would like:
- you to observe this student
 - to discuss this student with you. I am available at _____.
 - you to participate in a conference on _____.
 - you to talk with this student.

- Student knowledge of referral:
- has not been discussed with the student
 - student is aware of the referral
 - parent is aware of the referral

Please fold this confidential form and return to the Guidance Counselor.