

SCHOOL COUNSELING REFERRAL FORM

Date _____ Student's name _____

Grade _____ Homeroom Teacher _____

Referred by (if different) _____

Reason(s) for referral:

- Motivation Friendship problems Absences Anger
- Bullying Peer Relationships Tardy Dishonest
- Swearing Inattentive Withdrawn Grief
- Divorce Hyperactive Stealing Fears
- Fighting Social Skills Depression Sadness
- Worries Personal Hygiene Perfectionist Other _____
- Stressed Lying Destruction of Property

Concerns:

Interventions tried:

Have you contacted parent/guardian about your concern? (date) _____

Explain _____

What other services is student receiving (ESOL, SEC, SST, 504, etc.)

Met with Counselor: Date: _____ Time: _____

Counselors Comments:

Strategies students will use:

Counselor contacted parent: Date: _____

Time: _____