

Magnolia Trace Elementary
TEACHER REFERRAL FORM FOR **GROUP** COUNSELING

Date _____

I would like for you to consider _____ for small group counseling.

Grade _____ Teacher Signature: _____

I believe this student would benefit from the following type of group(s):

Please check all that apply and briefly describe problems

_____ Self-Esteem/Concept _____ Friendship/Social Skills _____ Grief/Loss

_____ Behavior (Specify) _____ Self-Control/Life Skills _____ Other (Specify)

_____ Family (Specify) _____ Academics/Schoolwork

Give brief description of concerns:

Prior Interventions: 1. _____ Student/Teacher Conference 2. _____ Parent Conference
3. _____ Student/Administrator Conference 4. _____ MHP Services
5. _____ Other: _____

White Copy: Counselor

Yellow Copy: Teacher

Pink Copy: Administration

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