

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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