

**PARENT/GUARDIAN Referral Form for Counseling Services**

Student's Name \_\_\_\_\_ Date referred \_\_\_\_\_

Person referring student \_\_\_\_\_

Check area of concern:

\_\_\_\_\_ Attitude towards school

\_\_\_\_\_ home / family

\_\_\_\_\_ classroom behavior

\_\_\_\_\_ playground behavior

\_\_\_\_\_ study skills

\_\_\_\_\_ homework

\_\_\_\_\_ peer relations

\_\_\_\_\_ faculty / staff relations

\_\_\_\_\_ other

Detailed description of reason for referral (be specific)

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Please list any goals you have for this student to work on during counseling.

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Observation requested?      YES      NO

I give permission for the school counselor to work with my child.

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(parent/guardian signagture)