Date: _____

Park Crest Elementary

# School Counseling Referral Form

By Parent(s) or Guardian(s)

Student's Name: _____ Grade: ____ Homeroom: _____

Referred by: _____ Phone #:_____

Relationship to student: _____

Reason for referral: (check all that apply)

| ___ Academic | ___ Behavioral | ___Personal | ___Other |
|---|---|---|---|
| __Low Grades/Failing | __Self-Esteem/Confidence | __Trouble with friends | _____ |
| __Performance/Test anxiety | __Chronic sadness | __Exposure to violence | _____ |
| __Lack of motivation | __Anger/Hostility | __Possible abuse | _____ |
| __Dislikes school | | __Grief or loss issues | |

Briefly describe the primary problem/concern: _____

_____

_____

_____

Has the problem/concern been discussed at home? _____

Has the problem/concern been discussed with the teacher? _____

If so, what was the response? _____

_____

When did the problem/concern begin?

Within: ___24 hours ___3 days ___7 days ___ 2 weeks ago ___1 month ago

___more than 1 month ago, please specify: _____

Any physical concerns or medications related to the issue? _____

_____

Additional Comments: _____

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You may download, print, and send the referral to school with your child OR you can request a referral form from your child's teacher and they will send one home.

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